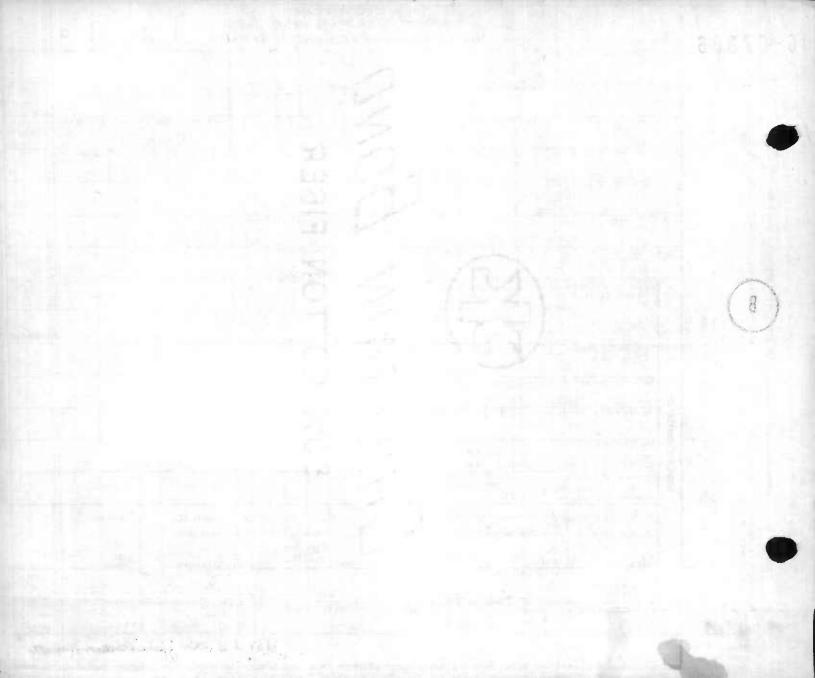
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TO HOSPITAL etained by 1 TO FUNERAL should be det with the Start		DR. SH	IN EUN			/		MIN STR		WESTER	NPORT	r, MD	
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	tor. pag	3. SE		RACE White	5. DATE OF BIRTH 11/30/14 YEAR	7.1	UNDER 1 YEAR IF UNDER 24 HRS
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	within within	10. C	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
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<u> </u>	relation of the office of the	E	27s.1 certify that (II (this hosp)	West 19 Second from	and that in (my) (our) opinion	deoth occurred on the date and hour o	nd from the couses stoted
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	by the by the VERAL DI State De State De ANT: If It		(hange	ayun Ox		MEDICAL STAFF DIRECTOR PHYSICIAN	My 1488
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	should with IMPO	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	OHNTY SLATE
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	(VRA 15, 4)		Hafer Funeral	Home Frost	Wid MD	- 0	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 24 DATE OF DEATH MONTH 76 HOUR 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) Marie Blubaugh 20 86 IF UNDER 1 YEAR 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR Female. White 24 BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY United States Allegany County Maryland DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR INDUSTRY Frostburg, Community LTYPE OF WORK FOR MOST OF WORKING LIFE Frostburg Hospital Block Ribbon Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 06010 13e STREET ADDRESS / ZIP CODE 1136. INSIDE CITY LIMITS? Hartford Bristol 505 Emmett St. Conn. 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE MIDDLE Thomas William Margaret Kear ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Charles L. Blubaugh, Same as 13e 215-20-6734 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) sind to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate DUE TO, OR AN ACONSEQUENCE OF cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO I YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M. 11d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE ITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 HILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital sow the deceased alive a and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 SHENATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PORTANT 27E PHYSICIAN'S DIAME ITH CHIMINI, 22e ADDRESS Chang H. 48 Tarn Terrace Frostburg, 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 77h DATE Park Frostburg, Allegany, Md. Burial Frostburg Mem. 24 FUNERAL DIRECTOR HMH 16 60M 7/84 Durst Funeral Home , Frostburg, Md. (VRA 15, 4)

STATE OF MARYLAND

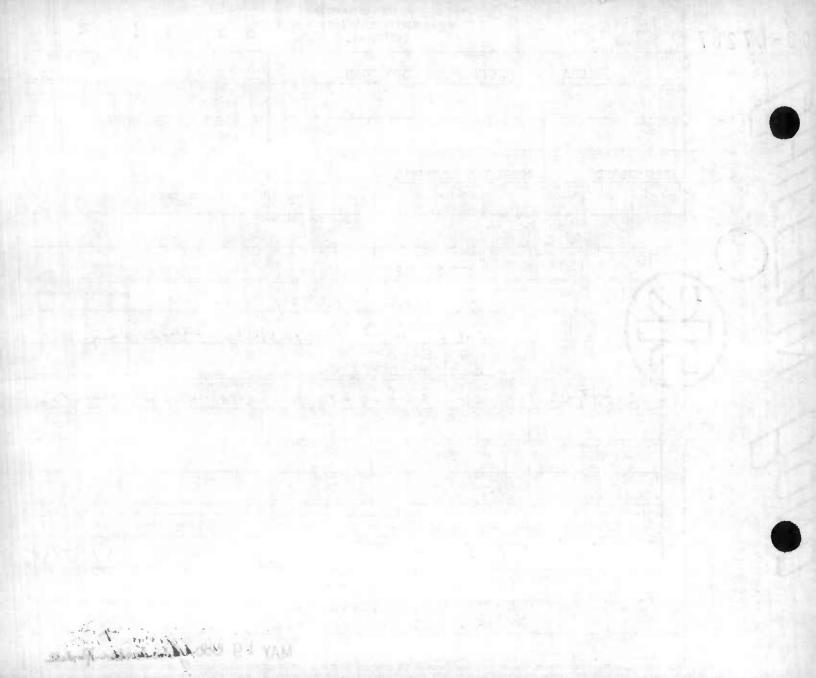
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13e STATE W Wineral 13c CITY OR TOWN 13d MISSIDE CITY LIMITS Rt. 2 Box 430/26753 Rt. 2 Box 430/2	350	?	Cumberlan	d /	SACRE	D HEART H	OSPITA		(TYPE OF WORK FOR MOST C	F WORKING LIFE	INDUSTRY	
Edgar M. Brakeall Be was deceased ever in u.s. armed forces? 166. Social security no. 17. Informant Address Address 166. Social security no. 17. Informant Address Address 166. Social security no. 17. Informant Address A	3	130.	WV	THU GOUNT	Y	13t CITY OR TOW	/N			ZIP CODE IX 430/	/26753	9999
Total State Total Total State Total	TO THE REAL PROPERTY.	14 F.	FIRST	r M. Br	akeal]	LAST		FIRST	MIDOLE		LAS	51
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR [IF EITHER, NOTIFY MEDICAL EXAMINER] 19 21d INJURY OCCURRED 21e PLACE OF INJURY [AT WORK A.W. MONTH DAY TEAR [IF EITHER, NOTIFY MEDICAL EXAMINER] 21e PLACE OF INJURY [AT WORK A.W. M. 19 22d. I Contriguent of the deceased from 19 and that in (my) (our) opinion death accurred on the date and hour and from the causes stop above, (1) (we) (did) Adid not) view the body after death. DEGREE ATTENDING DECICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22e ADDR	zily injury, or ather traumatic	ATION	gave rise to in cause (a), state underlying cause PART 2. OTHER SIG	y, which nmediate ting the se last GNIFICANT CC	DUE TO, ((b) DUE TO, ((c) DNDITIONS	OR AS A CONSEQUI	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	, WERE FINDI	NGS USED
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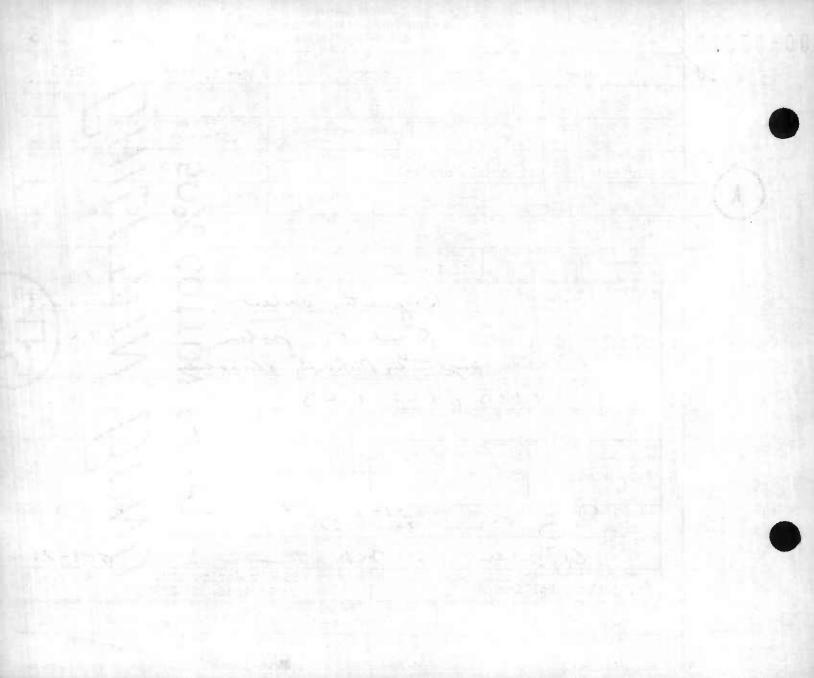
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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10 pg		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 /		ennsylvania	U.S.A		WIDOWI		Allegany	Λ
100	Cu	ity or town of death imberland	Memori Memori	CH FACILITY GIVE STREET	address)	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Home Care	126 KIND OF BUSINESS OF INDUSTRY Hospital
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TO FUNERAL Eshould be deto with the State IMPORTANT: If		Dr. Anthony					Frederick Str. berland, MD 21502	
P		BURIAL, CREMATION, REMOV (SPECIFY) Cremation	May 4	, 1986 Ro	sedale	e Funeral Chap	23d LOCATION Del Martinsburg B	erkëley WV
MH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTORGEORG				- 9 1 0 110	REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE



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page 3	3. SE		4 RACE	WILSON	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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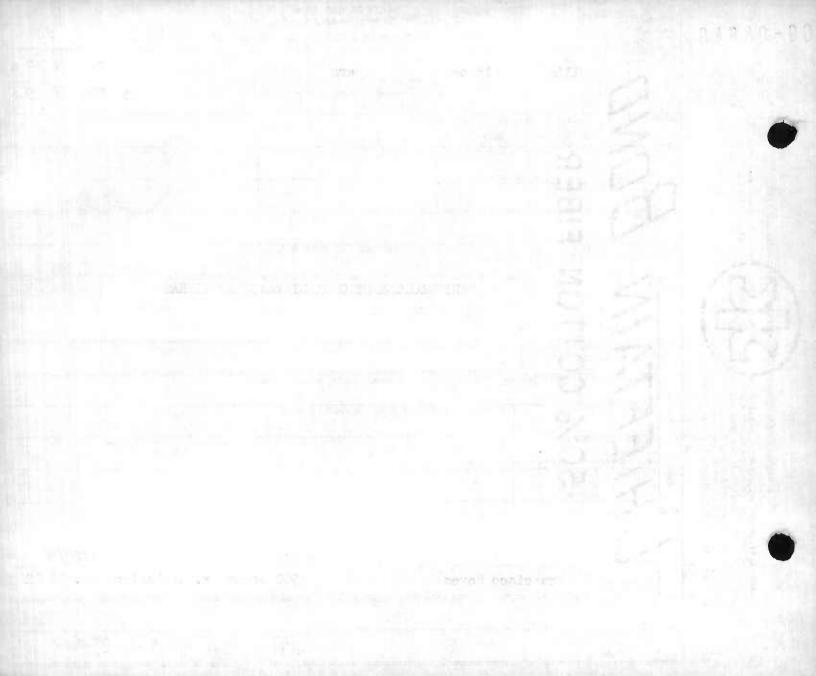
CHIEF AND STILL

	1.	STATE XXX 404 DEC	ATUR SI.	CERTIFICATE OF DEATH	GIENE 6 REG. NO	12/28	
m.c		CEASED NAME FIRST	HAMILTON H.	LAST	20. DATE OF DEATH		
oge deot		SYLVESTER		BUTTS SR.	MAY 8, 198		
ge 4 mc ector. p	3. SEX	MALE	WHITE	5. DATE OF BIRTH AUGUST 12 1906	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS YRS.	MIN.
Soth. Pos	7a BII	RTHPLACE (STATE OR FOREIGN 76 OUNTARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR ALLEGANY	COUNTY OF DEATH	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08649 - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TA 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Ellis Gibson Bvers & AGE IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. DATE PRONOUNCED DEAD male white 05-29-1986 Th CITIZEN OF WHAT COUNTRY JE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED USA WIDOWED DIVORCED Allegany D CITY OR TOWN OF DEATH retired Cumberland Bedford Street Transit & Traffic 130 STATE 13h COUNTY 138 INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Cumberland 347½ Bedford Street/21502 YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Byers Margaret (nmn) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT IYES NO ORLINKNOWNI WW II Mrs. Margaret Byers. Cumberland. MD - wife 215-10-3349 18. CAUSE OF DEATH (Enter only one couse per line ARTERTOS CLEROTIC CARDIOVASCULAR DISEASE BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK Inspection X Inquiry X 228. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER Francisco Reves 900 Seton Dr. Cumberland Md. 21502 EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION STATE Burial Cemetery Allegany onaconing 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR, 256. REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson-Bonda (VR A15 ME (51) James F. Scarpelli. Cumberland, MD 21502



James F. Scarpelli, Cumberland, MD 21502

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DHMH - 16 60M 7/B4

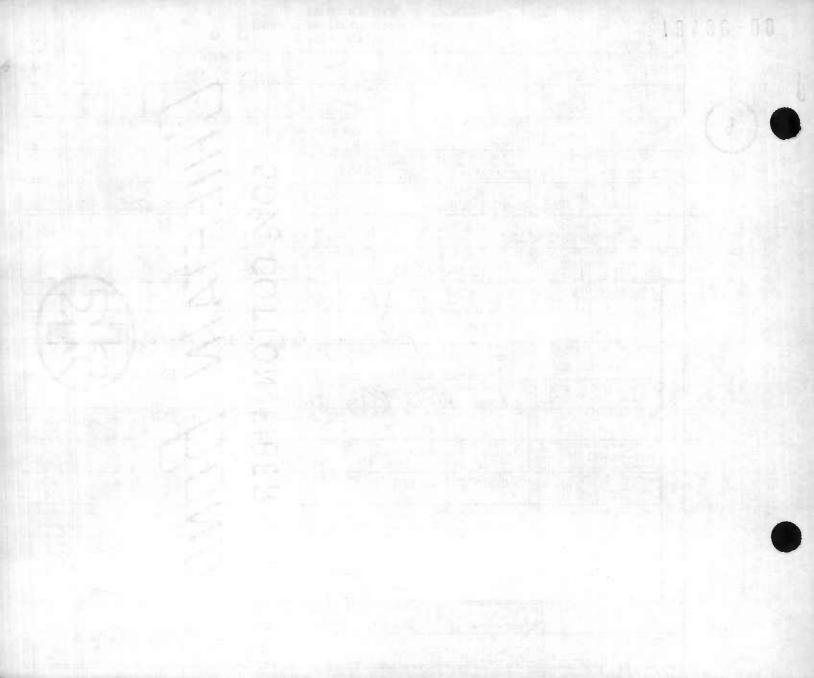
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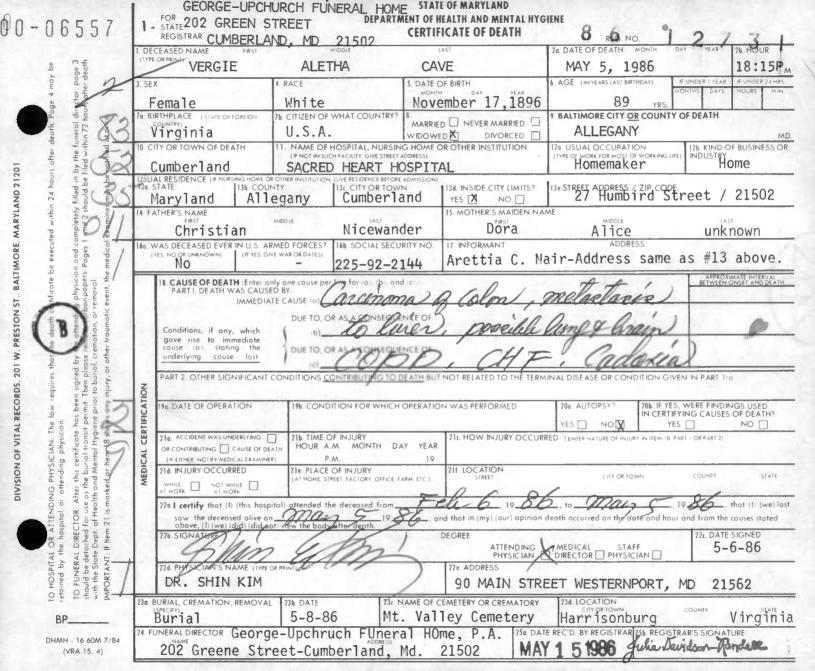
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (*) CERTIFICATE OF DEATH

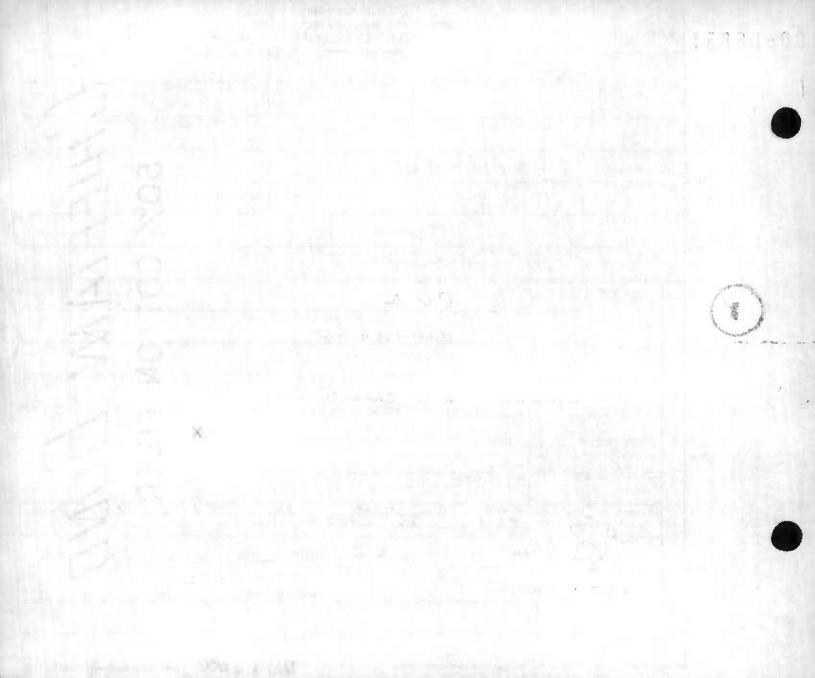
BY REGISTRAR 256 REGISTRAR'S SIGNATURE





0700		ELLI FUNERAL HOM IRGINIA AVENUE		OF MARYLAND ALTH AND MENTAL HYG	IENE		
0/308			502 CERTIFI	CATE OF DEATH	8 6 REG. N	. 12	7 3 2
	1. DECEASED NAME	FIRST MIDDLE	LA	18			EAR 26 HOUR
may be page 3 ter death		ORGE DAYTO	ON COO	K	MAY 12, 19	86	21:30F
fter of	3. SEX	4 RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BI	THDAY) IF UNDER	TYEAR IF UNDER 24 HR
age 4	male	white	05	-03-1900	86	YRS.	
oth. P	70. BIRTHPLACE (STATE OR COUNTRY)		MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OF ALLEGANY	R COUNTY OF DEA	TH
er der	10. CITY OR TOWN OF DE		WIDOWED	OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS (
150	Cumberland	SACRED HE	EART HOSPITA	L	retired		ailroad
24 hour	13a. STATE	RSING HOME OR OTHER INSTITUTION, GIVE RE	ITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	2150:
Should should be a second	MD 14 FATHER'S NAME	Allegany Ci	umberland	YES NO X	12030 Kite	Ave. S.W	Potomac
with a color	FIRST	MIDDLE	LAST	FIR51	MIDDLE		LAST
com com	Willian	N COOK R IN U.S. ARMED FORCES? 1166 S	OCIAL SECURITY NO.	Jane 17 INFORMANT	E. Howders	hell	
n and c	(YES NO OR UNKNOWN)	LIEVES CIVE WAR OR DATES!		Mr. Clyde D.	Cook, Cumb	erland, M	D-son
physicia npapers. maval	18 CAUSE OF DEAT	TH (Enter anly ane cause per line fo	ar (a), (b), and (c).			BET	APPROXIMATE INTERVAL
phy npo mov	PART I. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE (D)	Emphyser	rLA.			10 years
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signe hen p to bur ijury,		MIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART IIa
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ENDIN tol or OR: Af r use of Health	220.1 certify that (I) (this hospital) attended the dece	ased fram		, ta	, 19	, that (h (we) l
TTEN Pitol TOF TOF for u	saw the decease	sed alive an (dd) (did not) view the body alter a	19, and	that in (my) (pur) apinian o	death occurred an the d	ate and haur and Ira	m the causes stated
hospit hospit IRECTC hed to ept of them 21	226 SIGNATURE	0		EGREE		77x.	DATESIGNED
the Direction of the Di	1	Jeans &	Jua /	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	IAN 🖾 📥 🗓	1/13/00
ZER Sto	22d. PHYSICIAN'S N	TAME (TYPE OR PRINT)	0	22e ADDRESS	,	-	//
retained by TO FUNERA should be de with the Stat	BRADDOCK	MEDICAL GROUP		912 SETON D	RIVE CUMBE	RLAND, MD	21502
D = F = 3 = 7	230 BURIAL, CREMATION.		23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION		
	(SPECIFY) Buria	1 05-15-198	6 Manle H	Hill Cemetery	Petersbu	rg Grant	WV STATE
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BP DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR	1 00 10 100	<u> </u>		REC'D. BY REGISTRAR	256. REGISTRAR'S SH	

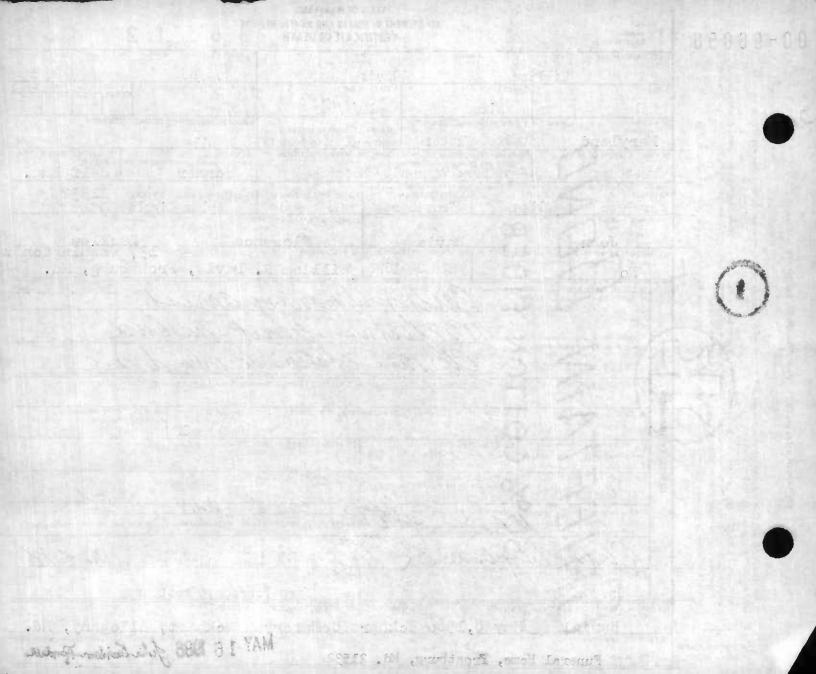
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(VRA 15, 4)

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED WAME 26 HOUR 12:19E A. 05-01-86 OLLIE EICHHORN IF UNDER I YEAR 1. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 890 08 female white 14 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) Md Allegany USA WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR Cumberland Sacred' Heart Hospital (TYPERECE FOR MCTERK LIFE Clothing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BEFFE NUTSING Home 13d. INSIDE CITY LIMITS? Allegany Longconing YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gustave Eichhorn Martha Atkinson ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Eichhorn 6 E. Main St, Longconin (YES NER UNKNOWN) (IF NO 19 YOR OR DATES) John A. 18 CAUSE OF DEATH (Enter only one couse per line for to), (1), and (c. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK Mentol Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21d. INJURY OCCURRED 211, LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) are need the deceased from sow the deceased alive on 19 dobove. (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ild be detached the State Dept. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS 230 BURIAL CREMATION, REMOVAL Frostburg Mem. Park Frostburg Allegany Md 24 FUNERAL DIRECTOR Julia Beigler- Pardell DHMH - 16 60M 7/84 Funeral Home, Lonaconing, Md. (VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
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		CEASED NAME	FIRST		AIDDLE	L/	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	P
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/	1 SEX	Male		4. RACE Wh	ite	Jan		1921	AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN	5
1	7a. BII	RTHPLACE (STATE OR	FORE IGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIED WIDOWE	NEVER M	ARRIED [BALTIMORE CITY C		OF DEATH	٨	MD.
)		Cumberlar	nd	(IF NOT IN SUC	nfacility, gives emorial	Hospit			20. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Electri	ON OF WORKING LIFE)	INDUSTRY	· Union	
1	13a S	AL RESIDENCE (IF NURS STATE Maryland	1136 COUN		GIVE RESIDENCE B	FOWN erland	136. INSIDE CI	NO 🔀	Route 3,	ZIP CODE Box	275 /	21502	2
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5		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)		
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		22a.1 certify that (1)					-19	19 86	. to			that 📆(we) la	ost
			ed alive on did) did no	t) view the body				our) opinion de	oth occurred on the d	ote and hour			
		22b. SIGNATURE	ella	un]	Lan	и	LUD A	TTENDING THYSICIAN	MEDICAL STA	FF CIAN []	5/ DATE	18/8(
		22d. PHYSICIAN'S N. Dr. La		PR PR (NT)				al Buil	ding	short or	d Md	21502	
	23a. B	URIAL, CREMATION,		236 DATE		23c. NAME OF CI	EMETERY OR C	REMATORY	23d. LOCATION				=
	_	Burial		5/21/	86	Sunset	Mem.	Park	Cumberl				
	24 EI	INTERAL DIRECTOR						250 DATE	DEC'D BY DECISTRAD	254 DECICED	AD'C CICALAT	LIDE	

DHMH - 16 60M 7/84 (VRA 15, 4)

John J. Hafer, Jr. ADDRELAVale, MD

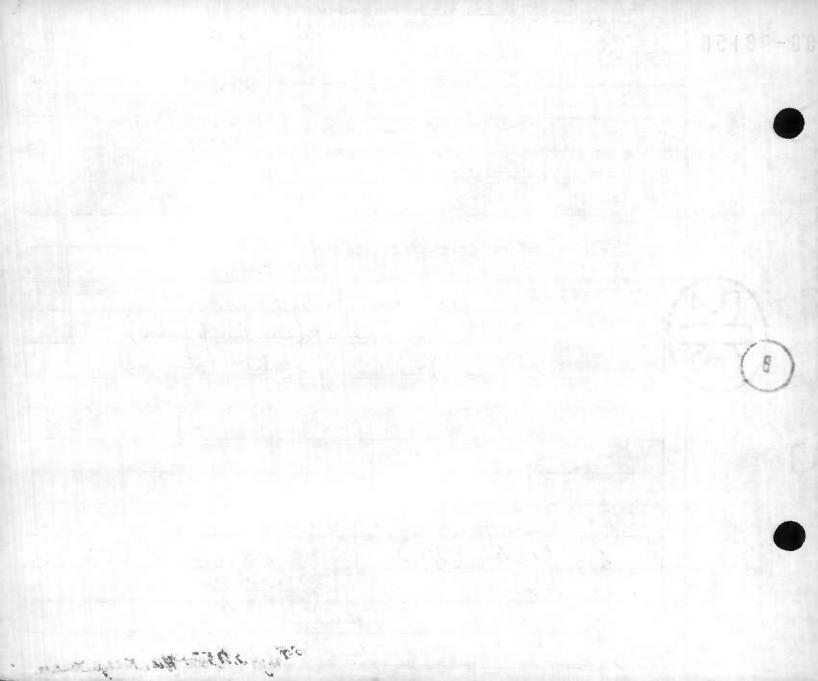
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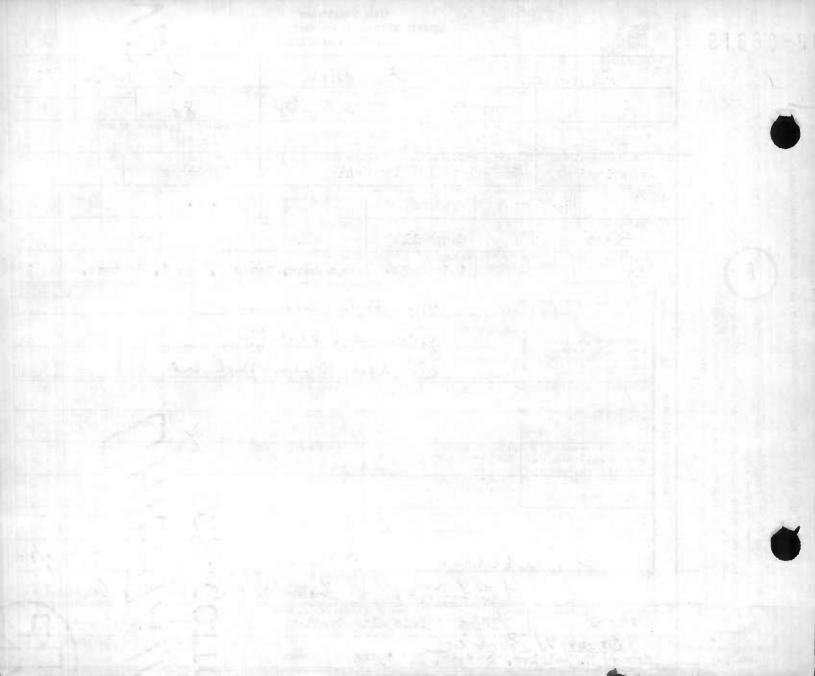
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4 moy be ttor, page 3 offer death	3. SEX		4. RACE	,	5. DATE OF		Ť909	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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MARYLA mpletely ond 2 sh		THER'S NAME rancis	WIDDIE	Fair		Jane	MAIDEN NAM		DDLE	Ready'	ışt
BALTIMORE, I		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU 214-07-	-	17 INFORMA Elizal			address cadis	e St,Mid	dland,Md
LRECORDS, 201 W. PRESTON S: e low requires that the death cert. no. has been signed by the attending permit. Then please remove carbo one prior to buriol, cremotion, or rews any injury, or other troumatic e	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss PART 2. OTHER SIGNLEICA PART 2. OTHER SIGNLEICA 19a DATE OF OPERATION	h (b) Lee (c) DUE TO, O	R AS A CONSEQUE ONTRIBUTING TO DATE OF THE PROPERTY OF THE PR	NCE OF	34.	Hypre	lin Sui 200 AUTOPSY	2 120b.	_	INGS USED
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TTENDING interpretation of the control of the contr		220.1 certify that (1) (this I saw the deceased alivabove, (1) (we) (did) (d	e on 5/	19 5	6, ond	7/23 that in (my)	, 19 75 (our) opinion o	, to death occurred on	5/8 the dore on	d hour and from the	, that (I) (we) last couses stated
AL OR A A the hos		22b. SIGNATURE	2 Jane	llru	MI	GREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN [221. DATE	9/86
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₽₽ <u></u>	23a. E	URIAL CREMATION, REMO	23b. DATE - 8	36 \$ ² t.	JOSE	metery or c	Ceme te	ry Mid	and	Allegany	Md Md Md
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. FU	Erghnorn Fu	meral Ho	ome Lona	conir	ng,Md.	250 DATI	MAY 1 3	1986	EGISTRAR'S SIGNA	TURE MANAGE

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TENDINITIAL OF COR. After Cor. Use as of Health		220.1 certify that (I) (this hospital) attended the	19 00	nd that in (my) (our) opinion	deoth occurred on the date and hou	19 6, that (I) (we) lost or and from the couses stated
L OR AT the hosp L DIRECT stoched for e Dept. o		22b. SIGNATURE	d) (did not view the bod)	ofter death.	DEGREE JATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	TO DATE SIGNED 186
TO HOSPITAL (TO HOSPITAL OF FUNERAL I With the Store With The W	7	274 PHYSICIAN'S NA	M (11-9E QS PRINT)	LMos	220. ADDRESS	ellest. C	wheelerd.
a grant of the second of the s	230.	BURIAL, CREMATION, R	236. DATE 5/30		to Cemetery	R Dy or Thyndman,	Bedford, PA
DHMH - 16 50M 4/82 (VRA 15, 4)	24. 8	Harvey H.	Zeigler, Av	ndman, PA 155	A F 5 BM C	E REC'D BY REGISTRAN 256 REGIS	TRAR'S SIGNATURE



ath a		CEASED NAME OR PRINT)	LEILA	B.	FITZP	PATRICK			0, 1986	DAT TEAK	11:55A
page 3	3. SE	X	4. RA	CE		5. DATE OF BIRT			ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
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00	Ja. B1	RTHPLACE (STATE OR		TIZEN OF WHA	AT COUNTRY?	8	EVER MARRIED	9 BALTIMOR	E CITY OR COUNTY	OF DEATH	
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est be	130. 5	AL RESIDENCE (IF NUR STATE LTV Land	rsing HOME OR OTHER 13b COUNTY Allegan	13c.	RESIDENCE BEFORE A CITY OR TOWN	ADMISSION) N 13d. IN	SIDE CITY LIMITS?		DDRESS / ZIP CODE		21
iner A	-	THER'S NAME					THER'S MAIDEN				
10		James	MIDDLE	Jones	LAST	A	nnie		MIDDLE	rsey	51
lcol .		VAS DECEASED EVER		FORCES? 16b	SOCIAL SECUR		ORMANT		ADDRESS		
med /		NO OR UNKNOWN	(IF YES, GIVE WAR	21	5-68-71	91 Mr.	William	Fitzpat	rick Barto	on, Ma.	21521
1		18 CAUSE OF DEAT	TH Enter only one	couse per ne	for (a), (b), and	ics			9	BETWEEN	ONSET AND DEAT
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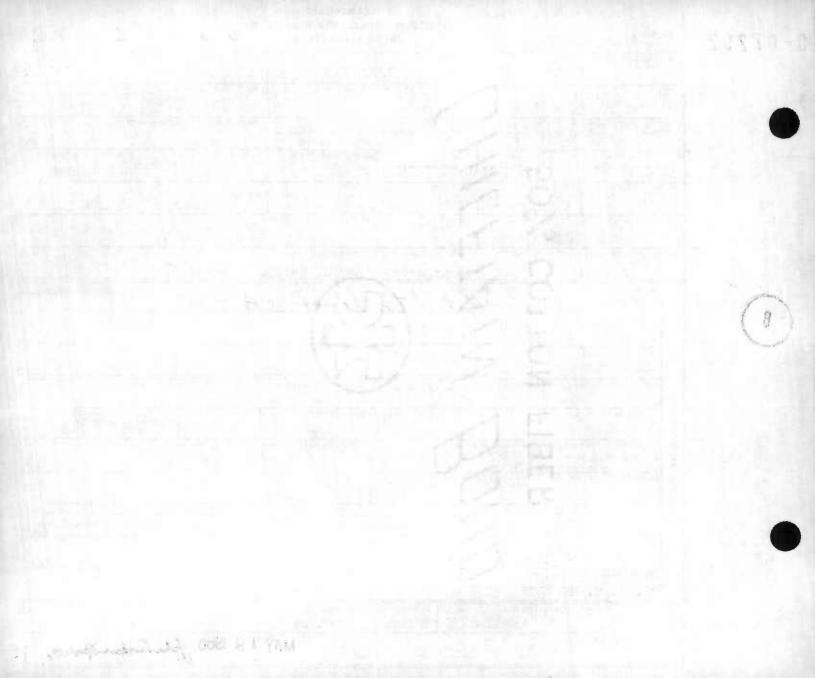
STATE OF MARYLAND

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24 F	James F. S	Scarpel	li, Cu	mberľä	რმ, MD 2	21502 PA	FREE 19BY REGISTRAR	PIL REGIST	RAR'S SIGNATI	URE PROPERTY

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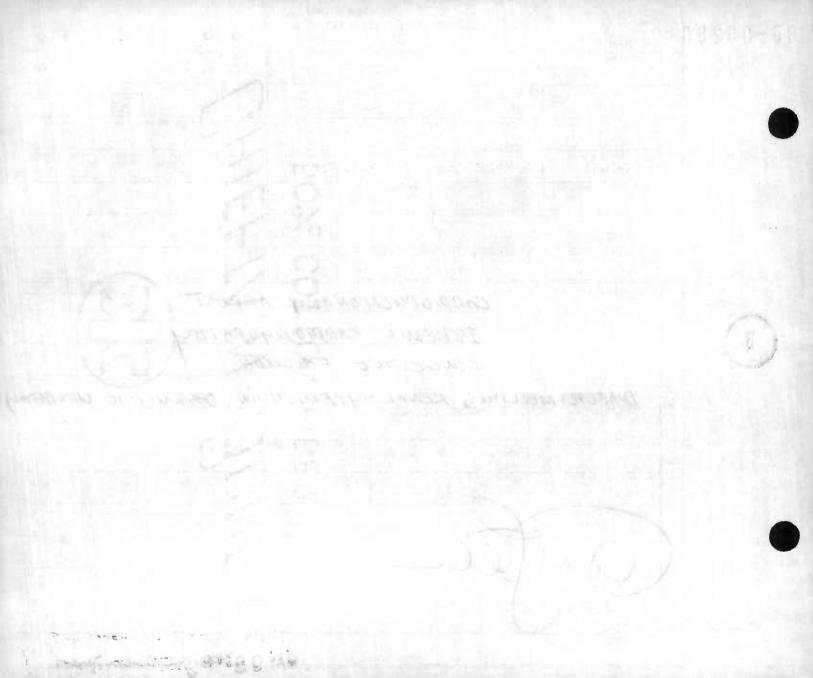
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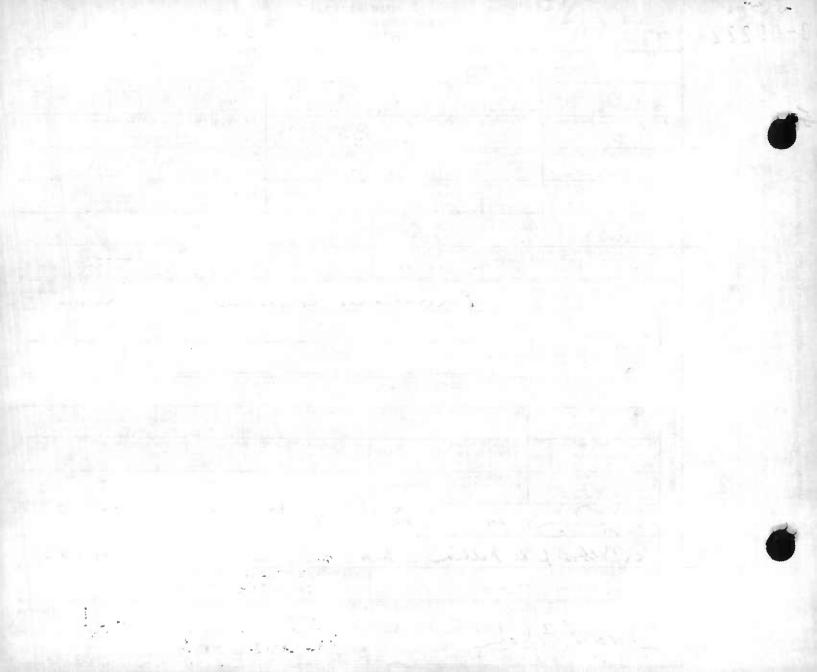


James F. Scarpelli, Cumberland, MD 21502

(VRA 15, 4)



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Mr. William E. Goetz, Cumberland, MD-husband APPROXIMATE INTERVAL 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 COUNTY (pur) apinion death occurred on the date and hour and from the causes stated MEDICAL STAFF
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STATE OF MARYLAND

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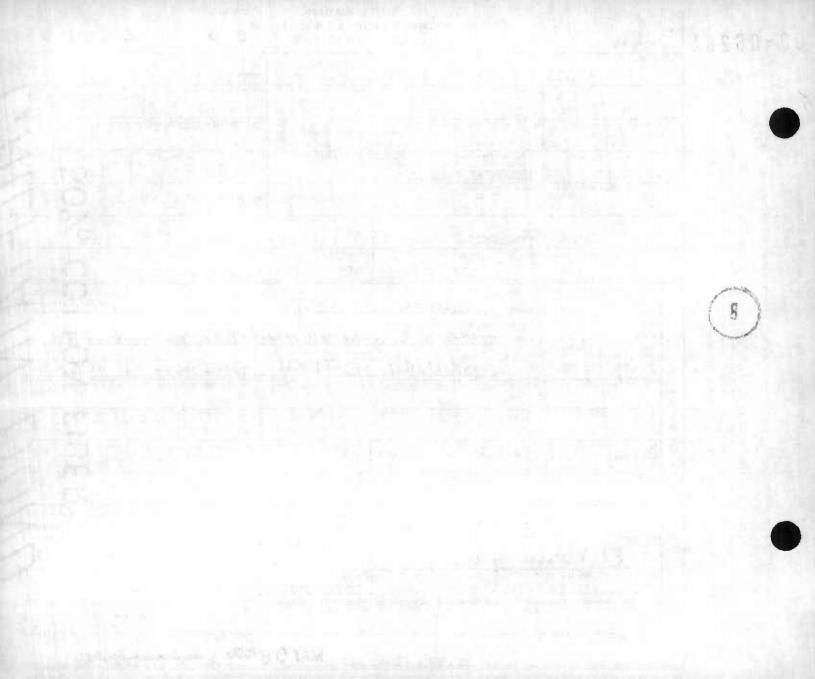
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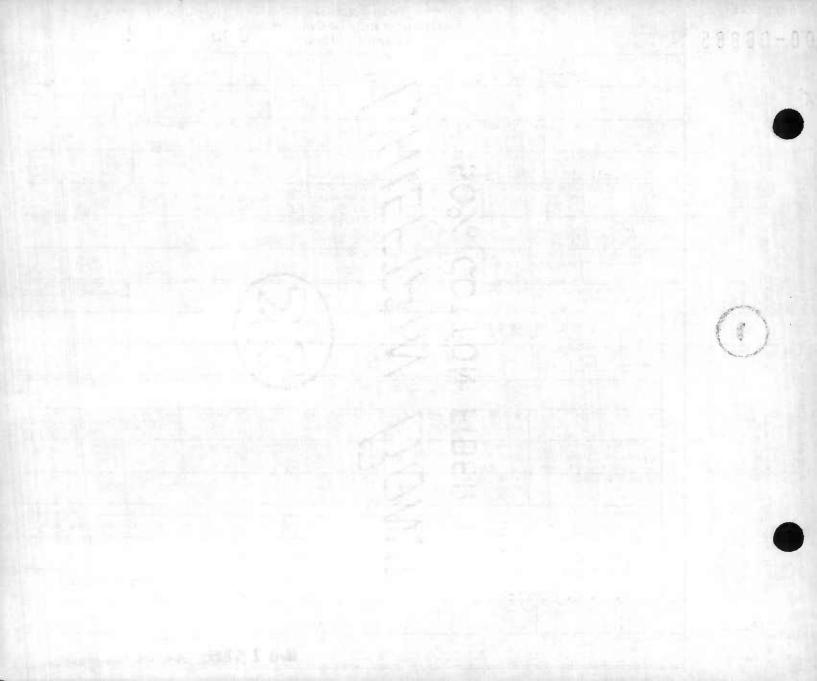
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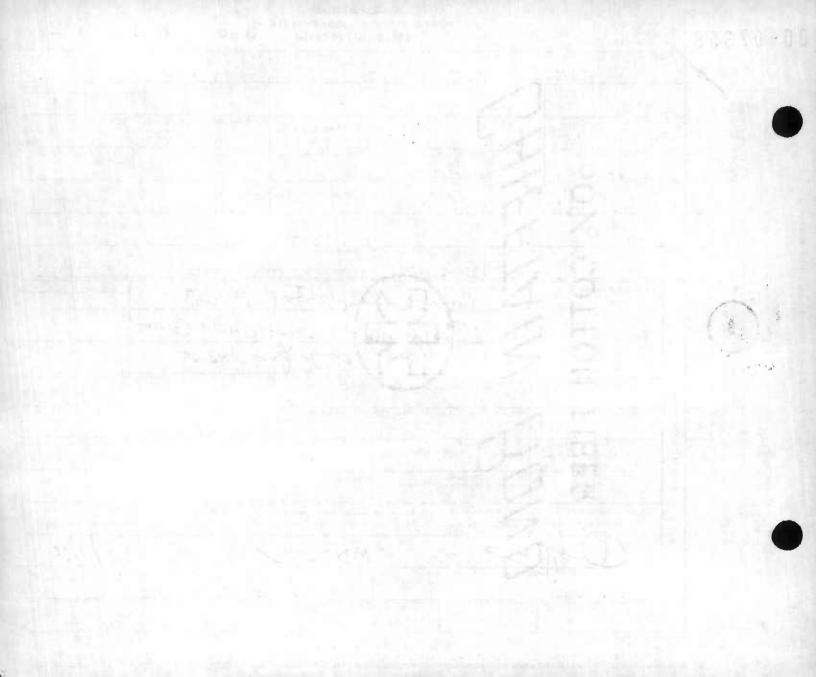
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R ATTENDIN hospital or RECTOR: Africad for use of ppt, of Health em 21 is mo		22a. I certify that (I) (this hosp saw the deceased alive on above, (I) (we) (did) (did no		19		, 19, 19	to	lote and hour and		hot (1) (we) last ouses stated
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O HOSPITAL CHINER by the TO FUNERAL Shauld be cet with the Spire		Dr. H. C. Me	errick			Cumber	al Hospita land, MD 2		1 Bui	lding
BP		surial, Cremation, REMOVAL SPECES				emetery or crematory Dor Cemetery	23d LOCATION OIGTOWN		gany	MD ^{STATE}
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	James F. Scar	pelli, (CumberTa	nd, MD		1.51906	1256. REGISTRAR		JRE MACERA



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08298 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR STEPE OR PRINTI Alta Evalena 1986 Hershey 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE IF UNDER 24 HRS 1-SEX 5. DATE OF BIRTH MONTH MONTHS DAYS HOURS Female White Mar. 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED USA Allegany County WIDOWED 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR THE CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sacred Heart Hosp. Cumberland Missionary Teaching MALEY SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BL COUNTY IJa. STATE 113d INSIDE CITY LIMITS? 13e STREET ADDRESS Mineral 26719 Box 1160 Ashby 15 MOTHER'S MAIDEN NAME FATHER'S NAME Peter MIDDLE Good WIDDLE Nofziger Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS as above (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 522-16-4024 Rev. Lester T. Hershev -APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY month DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 40.0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial STATE 3.1986 Pinto Men. Ceme. Pinto. Allegany. ISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16'60M 1/73 (VR A) 5 (4) John J. Hafer, Jr. LaVale. MD

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STATE OF MARYLAND FOR ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2h HOU (TYPE OR PRINT) EST1-DEATH MATED William Andrew Hoban 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Male White 10, 5/24/86 19 1905 8 OYRS To BIRTHPLACE (SIATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Allegany
120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Cumberland Columbia Street Supervisor Warehouse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland Cumberland NO [312 Columbia Street 21502 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Joseph Hoban Margaret Sullivan 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (# YES, GIVE WAR OR DATES) Yes WWIT 214-05-4648 Velma G. Hoban same as 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIOVASCIILAR DISRASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO [BE 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED II. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X H, WITH THE S Inquiry X 220 I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted from: Natural causes X Accident .Undetermined manner Suicide Homicide 95 TITLE (SPECIFY) FUNERAL D FUNERAL D TER DEATH, ACTUAL SIGNATURE deputy EXAMINER'S NAME Francisco Reyes M.D. ADDRESS 900 Seton Dr. Cumberland A DA A 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION STATE Rocky Gap Veterans Burial Flintstone Allegany 07/84 24. FUNERAL DIRECTOR 25M Leasure-Stein Funeral Home, Inc. 250. DATE REMAY **DHMH - 17** (VR A15 ME (5)) baltimore Ave. Cumberland, MD 21502



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH 1. DECEASED NAME 7h. HOUR (TYPE OR PRINT) HURLEY May 22, 1986 MYRTLE. MAF 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS 5 DATE OF BIRTH MONTH Female 1894 WHITE To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PENNA. USA WIDOWED DIVORCED | Allegany 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Memorial Hospital HOUSEWIFF-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UMBERLAND 134 INSIDE CITY LIMITS? 13e STREET ADDRESS B22 CUMBERT AND YES K 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE JOHN **AMANDA** COUGHNEOUR 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES HOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-6143 ROBERT HUNTER RFD BOX 42 LAVALE MARYL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? rtificate h ansit per il Hygien NOM YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR urial-trar Mental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated saw the deceased alive an. abave, ((we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL TO FUNERAL should be detact with the State ORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Memorial Hospital Medical Bldg. Dr. Robustiano Barrera Cumberland, MD 21502 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23h. DATE STATE COUNTY BURTAL ALLEGANY MARYLAND CEMETERY 24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAN MAY 26 1900 Julia Davidon-Rondone DHMH-16 25M (VRA 15, 4) 1/79

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DHMH - 16 50M 4/B2	24.9	UNIER AL DIRECTOR 7	Louvery 60 W.	MAIN ST 250. D	TE REC'D. BY REGISTRAR 256. REGIS	
(VRA 15, 4)	0	OWERS FUNER	AL HOME FRO	STBURG	UN 4 1960 9	

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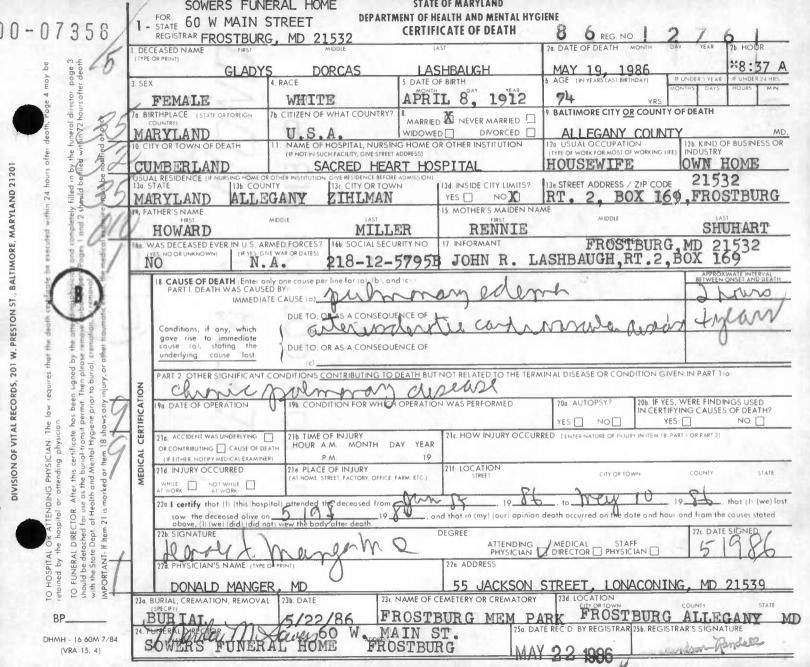
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1 - FOR 230 MAIN STREET DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 REGISTRAR ROMNEY, WV 26757 1. DECEASED NAME FIRST MIDDLE LAST LAST VALUE (TYPE OR PRINT) WANDA MAUK KAISER WANDA MAUK KAISER MAY 14, 1986	27
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15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE	
Lester S. Mauk Mildred O. Shanho	oltzer
ADDRESS	
YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-16-6356 Charles F. Kaiser, 58 School St	t., Romney, Wi
18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR Knippenburg DECEASED NAME 20. DATE KNOWN STYPE OR PRINTS Clifford DEATH MATED Man 5 DATE OF BIRTH 6. AGE (IN YEARS PRONOUNCED DEAD TO BIRTHPLACE (S BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Midland II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 174 KIND OF BUSINESS BackuchStill Give SMidTand . Md. Student High Schoo. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 30 SMA Allegany MidPand "Back"St, Midland, Md. Robert 15. MOTHER'S MAIDEN NAME MIDDLE Knippenburg Tonis Cessnick 17 INFORMANT ADDRESS SOCIAL SECURITY NO 0-82-0134 160 WAS DECEASED EVER IN U.S. ARMED FORCES DIVISION MO NO, OR UNKNOWN) non eve war or DATES) Robert E. Knippenburg, box 56, Midlane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Head IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO. 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER BEATH, WITH THE SITE BEATH, WITH THE SITE BEATH MORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SKINATURE EXAMINER'S NAME TYPE OR PRINT 73a BURIAL CREMATION REMOV St. Josephs Cemetery Midland Allegany Md Burial 5-6-86 07/B4 25M 256 REGISTRAR'S SIGNATURE Funeral Money Lonaconing, Md. **DHMH - 17** (VR A15 ME (5))

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eoge 3		ORPRINT) Faith	Martha	Lechliter	May 1, 1986	26. HOUR 1:05A	
s ofter d	3. SE	female	4. RACE White	5. DATE OF BIRTH MONTH 06-10-1896	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS	
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY C		
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filled in godfd be	USU. 13a. S	TATE 13b. COU			s? 13e.STREET ADDRESS / ZIP CODE 14813 McMullen	Hwy/21502	
O Kemine		John H. Long		15 MOTHER'S MAIDER	ffie Dohrman	LAST	
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ene prior	TIFICATIC	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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o > ≥/		Burial, CREMATION, REMOVA SPECIFY) Burial		23. NAME OF CEMETERY OR CREMATO Hillcrest Burial F	Park Cumberland A	county STATE	
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		SCARPELLI FU			E OF MARYLAND EALTH AND MENTAL HY	CIENE				
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nd c ges	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 16b. SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS				
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been mit T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED			
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OF BE BE		CAMARI ZAMANI	MD		MEMORIAL ME	EDICAL BLDG, CUM	REDIAND MD 215			
Short Short	230	BURIAL, CREMATION, REMOV		1234 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	מויו, שויו, שואבשם			
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BP	24	Burial	06-02-1986	<u>s Sunset</u>	Memorial Par	TEREC'D BY REGISTRARIASH REGI	Allegany MD			
DHMH - 16 60M 7/84	1	NAME	111	ADDRESS	שוטע	021986 Julia Da	Marin Marine			
(VRA 15, 4)		James F. Scarp	elli, Cumberl	Land, MD 2	1502					

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4 F. F.	3 SE)		RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
Page on the se	1	Male	White	April 29, 1903	83	YRS	
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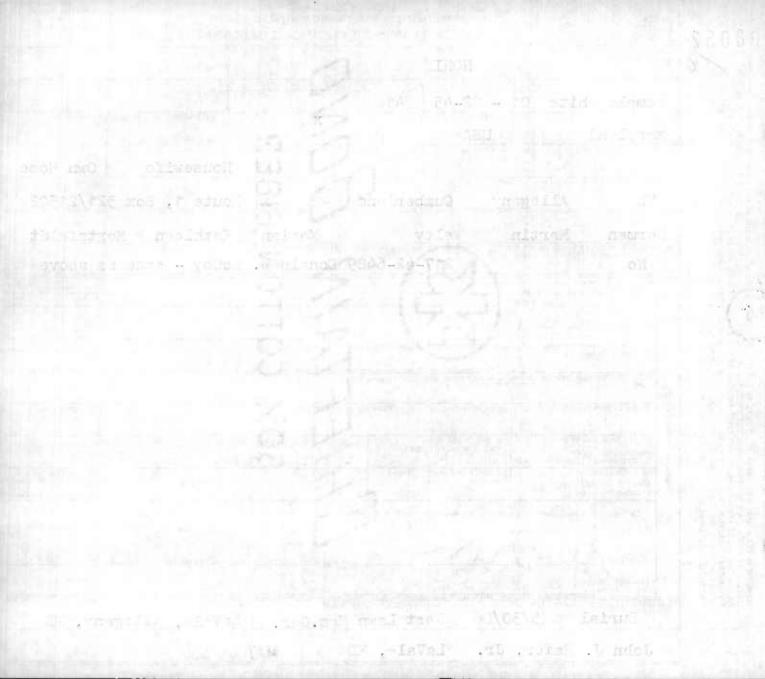
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Modern Mery Ann Constitu Mrs. Mary Levore - Prostburg, M

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME E DATE KNOWN (TYPE OR PRINT) ESTI-NONIE ROSALIE DEATH MATED McCOY 27 1986 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS 2d HOUR DATE (AST BIRTHDAY) PRONOUNCED Female White 01 22-45 DEAD 1986 7A M O BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY)
Maryland USA Allegany County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH OR INDUSTRY Housewife Own Home Cumberland Memorial Hospital Cumberland 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Route 1. Box 321/21502 MD NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Weltv Marion Kathleen Mortzfeldt Norman 60. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) 217-42-6489 Donald W. McCoy - same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (g)_ DUE TO OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, MEDICAL EXTO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND ABACTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID Alcoholism 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO [210 EXTERNAL CAUSE WAS TIB. TIME OF INJURY
HOUR AM MONTH DAY YEAR 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 UNDERLYING OR Pedestrian struck by train. CONTRIBUTING CAUSE OF DEATH 9: 20 P.M. 5-26-1986 WHILE AT WORK railroad bridge over Evittes Creek, Locust Grove, Allegany, MD Autopsy X 228 I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident X Hamicide ___ death resulted from: Natural equises Suicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant 5-27-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 5/30/86 Rest Lawn Mem. Gar LaVale Allegany, 07/84 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE ma Davidson-Handall **DHMH - 17** John J. Hafer, Jr. LaVale, MD (VR AT5 ME (5))



n - n 7	624	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	2 /	6 7			
0 0.			CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
pe ,	deoth deoth			Anthony J. Mc	Kenzie	5/22/86		6;45a "			
9	p b	3 SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
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90	P 000		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH				
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e. o	Ne fe	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR			
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4OSPI	FUNER, old be d	1	22d. PHYSICIAN'S NAME (TYPE)		27e ADDRESS	awaga Ewasthuw	a MD				
1 0	Polling Polling		Dr. S. L	. Sandhir	40 larii lei	rrace, Frostbur	עויו פף				

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

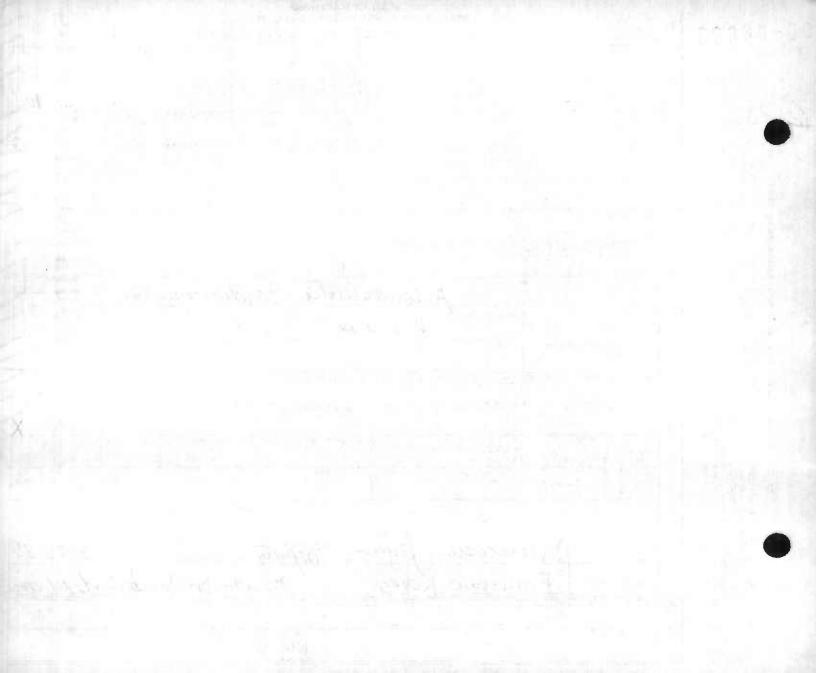
24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg, Md.

23b. DATE

Frostburg. Md.

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	MIN THE PERSON NAMED IN TH		death resulte	ed fram: Natur	al causes 🗒	Accident	□. Suic	de 🔲 , H	amicide .	Undetermi	ned manner			
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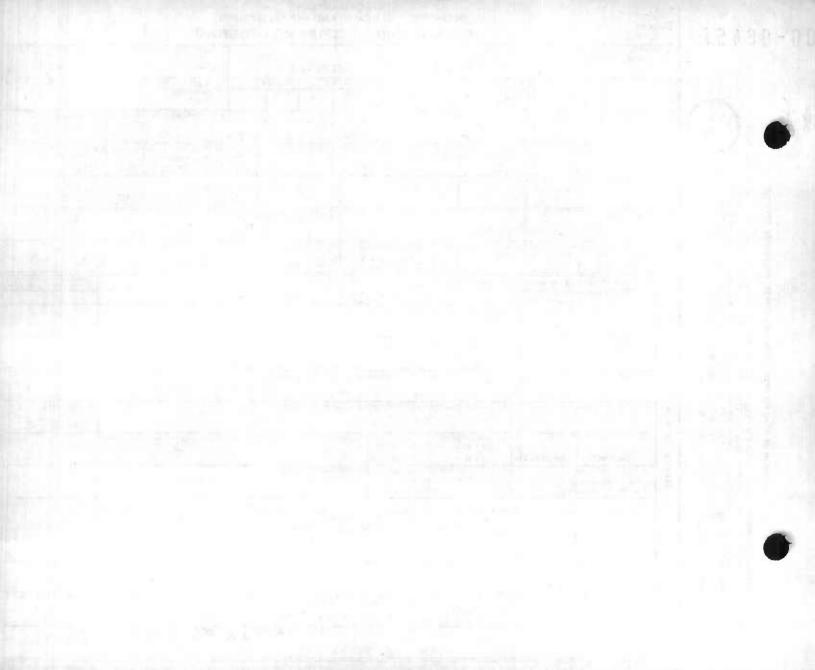


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-0687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR DEATH, IF ANY DELAY IS NECESSARY, PLEASE SES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. A PM 3. RETAIN PAGE 5, FOR YOUR FILES. AND 2 SHOULD BE FILED WITHIN 72 HOURS IF WITH REGORDS, PA WITH RESTON STREET, (TYPE OR PRINT) 11:00 OF ESTI-HELEN ARVEDA MEASE DEATH MATED MAY 19 86 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR MONTH LAST BIRTHDAY) 12:30 PRONOUNCED 24 12 74 FEMALE CAU.WHIT DEAD MAY 1986 M Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY! MD. USA DIVORCED Allegany 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife Cumberland LaFavette Ave. Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 130. STREET ADDRESS 1023 LaFayette Ave. 13a STATE Cumberland 13d. INSIDE CITY LIMITS? MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ORM PM MARYETTE CHARLES MOYER KYLE BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN 1023 LaFayette Ave. (YES, NO, OR UNKNOWN) NO 214-30-9819 Clair Mease Cumberland, Md. 21502 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARTERY Conditions, if any, which USED AS A BURIAL-TRANGE HEALTH AND MENTAL RIAL CREMATION, OR PE gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED THE PAGE 3 SHOULD BE USED THE PAGE 3 SHOULD BE USED THE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL YES NOXIX 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COLINITY Inspection X 22a I certify that I taok charge of the remains described above, held on Autopsy and in my apinion death resulted from: Natural causes Homicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME GIOVANN ASTRANGELO SETON 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 10, 1986 Sunset Memorial Park Cumberland Allegany Maryland

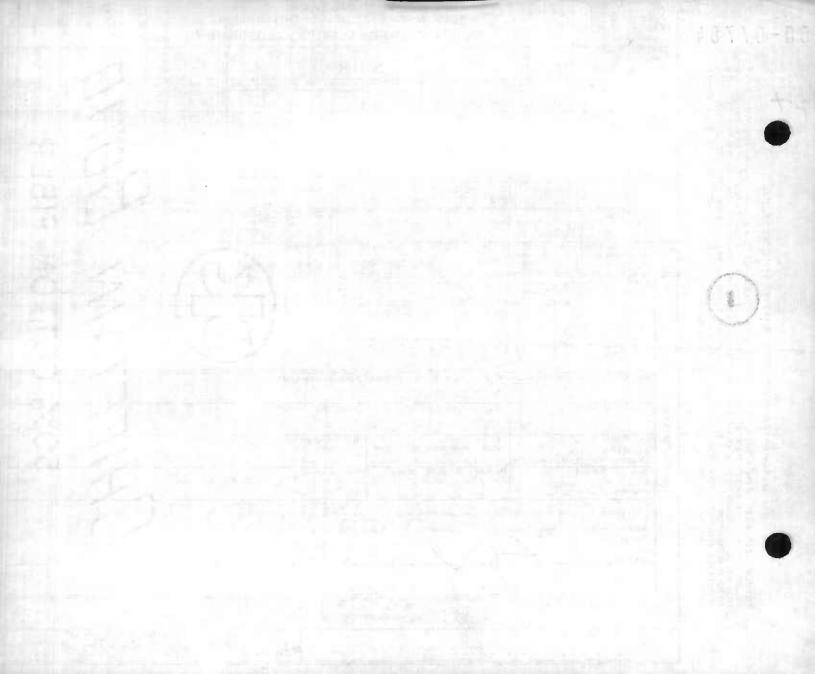
D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR Silcox-Merritt 404 Decatur Street Cumb Md. **DHMH-17** tutia Davidson-Aandelle (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-MICHAEL MIGDOL DEATH MATED LARRY 86 19 2d HOUR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 03-23-1952 male white 34 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA X DIVORCED WIDOWED Allegany County 126, KIND OF BUSINESS D. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION vardsman/truck driver Home Center Memorial Hospital (DOA) Cumberland USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN Allegany Baltimore Pike/21502 Omberland YES NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Michael Joseph Migdol, Sr. Cathrean T. Funk 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 220-58-0814 Kim L. Ritchie, Cresaptown, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFER DEATH, WITH 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Hamicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME VAnn M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 05-12-1986 Cumberland Burial Sunset Memorial Park Allegany MD 24 FUNERAL DIRECTOR A POST ART SIGNA **DHMH - 17** (VR A15 ME (5)) James F. Scarpelli. Cumberland, MD 21502 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-07784 REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Clement Miller 10 86 DEATH MATED 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE LINYEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE PRONOUNCED male white 10 86 8:05E 03-21-1938 48 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany County 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Structual Fibers OR INDUSTRY 14 Vancouver Street Mfar. Cumberland USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 14 Vancouver Street/21502 130 STATE 136 COUNTY Allegany Cumberland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clement Miller Dorothy Winifred Winner MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATE) _ 56 Yes Mrs. Dorothy Miller. Cumberland. Navv 219-34-5832 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: AN CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In Carcinomatosis TE, WRITING THE CENTER AND REASON AS PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD AND PRIOR TO BURIAL. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE & SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLE MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Natural couses XX death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL DATE May 21,86 Assistant MEDICAL EXAMINER SIGNATURE 111 PennStreet, Balto. MD21201 EXAMINER'S NAME R. Kauffman, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Rocky Gap. V/A Cemetery Flintstone 05-24-1986 Allegany 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAY 1251. REDISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



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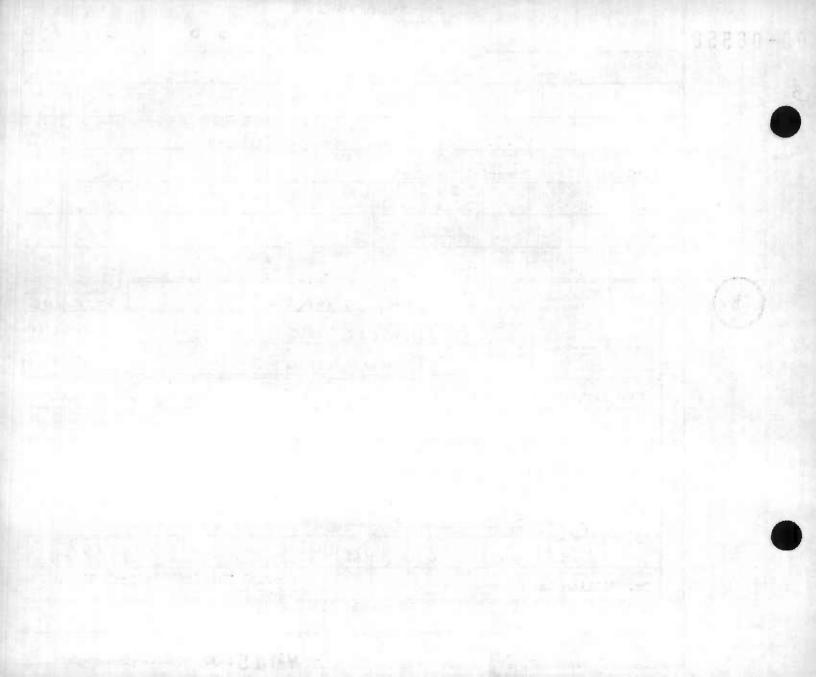
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of one	0	RTHPLACE (STATE OF	FOREIGN 7	U.S.A.	WHAT COUNTRY?	MARRIE WIDOW	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY COUNTY	
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75	13a S	TATE Tyland	136 COUN' Alleg	THER INSTITUTION TY any	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Cumber la		13d INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS / ZIP CODE 679 Fayette S	Street / 21502
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OLIVER REVENUE PLOCETON

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26		IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARR WIDON	IED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY ALLEGANY	Y OF DEATH
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3/6	13a.	AL RESIDENCE (IF NURSING HOME STATE 131-CO	OR OTHER INSTITUTION GIVE RE		13d INSIDE CITY LIMITS?	13-STREET ADDRESS / ZIP CODE P. 0. Box 484	99999
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129			A. Nethkin	LAST	Ida M. Me		LAST
3 1		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	OCIAL SECURITY NO	17 INFORMANT	ADDRESS	1 11 11 11 11 6
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office		couse 101, stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	ans and	evocleron	Gen
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17	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ver) P.M.	19			
9	SH SH	21d. INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
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17			not) view the bady after o	leath.	and that in (my) (our) opinian	deoth occurred on the dote and hav	ir and from the causes stated
The same		226. SIGNATURE	com,		DEGREE	LEDICAL STAFF	22c. DATE SIGNED
-		Victor	16	zzocer	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3-24-86
3/		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS		
8		DR. PAUL LI	VENGOOD			RIVE CUMBERLAND,	MD 21502
3		BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION	ACQUINTY SEATE
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7/84		UNERAL DIRECTOR		ADDRESS		E REC'D. BY REGISTRAR 256. REGIST	int .
4)	0	ames F. Scarpe	elli, Cumber	land, Md.	21502	11 29 1986 Julian	Tavidson Randello

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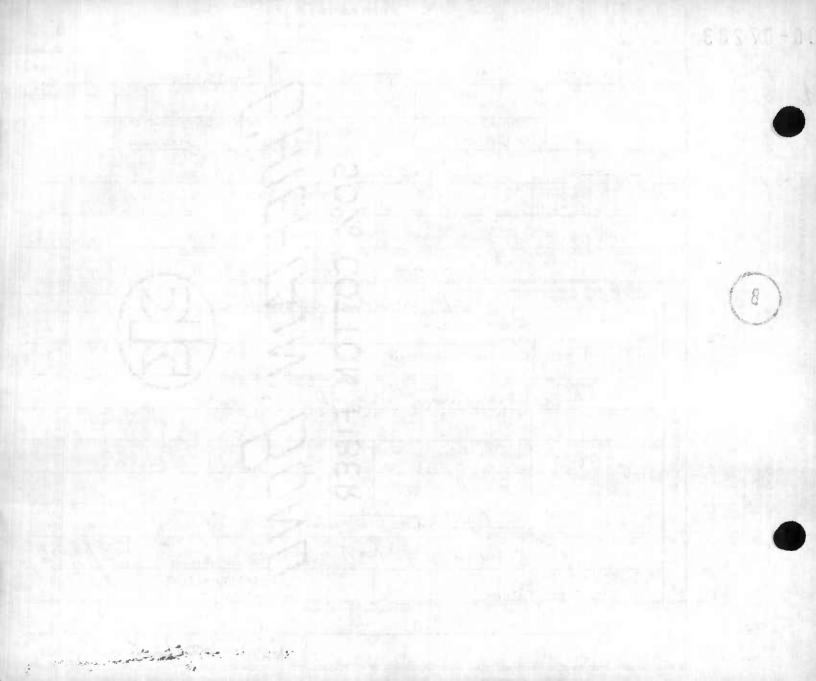
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r deoth		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	1	LEE	. RAY	OIL	laver, Sr.	MAY 2,	1986		10:20 #
	3 SEX		4. RACE	5	DATE OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		Male	Whit		lay 14, 19°		YR		
2		ATHPLACE (STATE OR FOREIGN OUNTRY) Indiana	U.S.	A.	MARRIED NEVER MARRI	ED ALLEGA	NY COUNT	Υ	MD
2		Cumberland	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET ADD ED HEART HO	HOME OR OTHER INSTITUTION DRESS) OSPITAL		CCUPATION FOR MOST OF WORKIN	G LIFE) INDUSTRY	d O RR
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) Joseph J		AS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURIT		V. O'Have	ADDRESS	/R. 11	2672 yser,W
prior to burial, crema any injury, or ather tr	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS C		CE OF ATH BUT NOT RELATED TO THE PERATION WAS PERFORMED			GIVEN IN PART 110	
shows or	RTIFIC						моХ	RTIFYING CAUSES YES []	OF DEATH?
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	ZEATH.	DF INJURY I.M. MONTH DAY	YEAR	OCCURRED (ENTER NAT	ure of injury in item	18 PART OR PART 2]	
	ō 1	21d. INJURY OCCURRED	21e PLACE (AT HOME ST	OF INJURY	211 LOCATION		CITY OR TOWN	COUNTY	STATE
rkedor	ME	AT WORK NOT WHILE			W EIC) SIRECT		CITY ON TOWN		
≥ 5	MEI	22a. I certify that (I) (this has			, 19				that (1) (we) lost causes stated
Dept. of Health and M If Hern 21 is marked or	MEI	220.1 certify that (I) (this has saw the deceased alive above. I), we shall find	on) ngt: view the book Affine		DEGREE ATIEN PHYSI	apinion deoth accurred	on the date and	hour and from the	causes stated
≥ 5	MEI	22a. I certify that (I) (this has saw the deceased alive	on		DEGREE ATTEN PHYSI 22e. ADDRESS	apinion death accurred	on the date and	hour and from the	SIGNED

A DETAIL BREI JO YAM DETAIL YES THE Lie caire day 14, 1911 Va YTHER YET A . A.E.U. BORIEST Comparismed SACRES HER TOSPITAL CORNER Desirant d. nilogany mawilana a den. del. deyesrik. Maraya Lugget F. O'haver - Lellin - Cunco - Street o . 32 26 1036 Laura V. G'ILL VON Gen. 15. Negaer, No.

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(VR A 15 (4))

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212-74-6512 Welli- Hock, Cumberland, ND 21502

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pring viiliams M. D. Nemorial ave., elaberiand, ND 21502

curint Lavie, 1986 Hillerest Surial rest, duscriand hillerany

william G. Hight Cumburland, MD.

08614	1-	FOR STATE REGISTRAR		DEPARTA	RENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG. NO.	12	182
	I DE	CEASED NAME FRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2h. HOUR
nay be page 3 death	LITPE		RETT And	derson A	RECK	ART	MAY 27, 1986		4:20A.M
may pag r de	3. SE		4 RACE		5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE.	AR IF UNDER 24 MRS
ge 4 ctor, afte		Male	whi	te	NOV	. 13, 1913	72	MONTHS DAY	rs HOURS MIN
death. Pa		RTHPLACE (STATE OR FOREIGN DUNTRY) W. Va.	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED) BALTIMORE CITY OR CO	UNTY OF DEATH	MI
by the funer ed within 72 stabe notify	317	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET, AL HOSPIT.	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Labor	ING LIFE) INDUSTR	of Business or eral
filled in the fi		AL RESIDENCE (IF NURSING HOME ITATE 13h COL	OR OTHER INSTITUTION	136. CITY OR TOWN	ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS Rt. 8, Fore	est Ave	1502 Box 49
nointe y nd stroy		THER'S NAME FIRST Worley	A. R	eckart		IS MOTHER'S MAIDEN NO.	AME		LAST
17		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT			ForestM
BR SF 4	(res, no or unknown) (IF Yes, G	VE WAR OR DATES)	220-10-7	762	Alice Reck	art, Ave. Box		
1 1/2 E		18 CAUSE OF DEATH (Enter of	alu ana anua an	-		FILLUC MCCM	are/nve. box	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
osky pagin min ic w		PART I. DEATH WAS CAUS	SED BY	Alloha 1	2 AL	onnal aprotic	A		ENONSEI AND DEATH
death ce ending p carbon p on, or re traumati		IMMEDI.	ATE CAUSE (0)	OR AS A CONSEQUE	C 17.30	O TO THE	Control	- W	Water 1
quires that the atigned by the atiplease remove burial, crematinjury, or other		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(Ic)_	DR AS A CONSEQUE					
require sign plants to but to but injury	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART	1(0)
V: The lav	CERTIFICATION	190 DATE OF OPERATION	196 COND	1	OPERATIO	WAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FINE CERTIFYING CAUS	DINGS USED
PHYSICIAN: The I g physician. this certificate has b rial-transit permit. Menial Hygiene pri dor Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSA OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	OF INJURY	YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2	2)
DING PH ttending I After this s the buri th and M marked o	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE THE AT WORK		OF INJURY TREET, EACTORY OFFICE, F	ARM, ETC.)	21f LOCATION STREET	MA CITY OR TOWN	COUNTY	STATE
ATTEN bital or a ECTOR: for use a of Heal		220.1 certify that (I) (this has now the deceased alive a above, (II) we) (did) (did.	31241	N 10	5/22	nd that in (my) (our) opinion	to 727186	d hour and from t	_, that (I) (we) for the couses stated
TO HOSPITAL OR retained by the hosps TO FUNERAL DIRE should be detached for with the State Dept.		27h SIGNATURE	Sin	2		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN [(MISTO
HOSPITAIN THE STATE OF THE STAT		278. PHYSICIAN'S NAME (TYPE	OR PRINT)			220 MEMORIAL I	HOSPITAL		
D HC Saine Sould th th		DR. DIENER				CUMBERLAND	, MARYLAND	21502	
ash Short	23a E	SURIAL, CREMATION, REMOVA	L 23h. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	123d LOCATION	COUNTY	STATE
BP	(Burial	May	30,1986	Parn	ell Cemeter	ry Cuzzart,	W. Va.	
DHMH-16 25M (VRA 15, 4) 1/79	14 5	any H. Whi	likain	Tenal	1/2	W/Vz JUN	O 2 1986 June 1	EGISTRAR'S, SIGN	ATURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	= STATE REGISTRAR			CERTIF	ICATE OF DEATH	Ö Ö REG. 1	NO.	21	0
	ECEASED NAME FIRST		MIDDLE	l l	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1	JOSE	EPHINE	S.	REEV	/ES	May 10, 19	86		1:25 A
3. S	EX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS
1	Female	W	nite	Augu		68	YRS.	DATS DATS	HOURS MIN.
100	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D A NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	W. VA.	τ	JSA	WIDOWE		Allegany			M
10.	CITY OR TOWN OF DEATH		HOSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OF
Cu	mberland		ial Hosp			Credit			Store
	JAL RESIDENCE (IF NURSING HOME) STATE 136 CO		13c CITY OR T		136 INSIDE CITY LIMITS?	13 SIREET ADDRESS	ZIP CODE	t t	19999
14.1	ATHER'S NAME				15 MOTHER'S MAIDEN				
19	Battle	MIDDLE	Slaus	hter	Berti	WIDDLE		Star	
160	WAS DECEASED EVER IN U.S. A		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDI	RESS 1375		
	(YES, NO OR UNKNOWN) (IF YES (GIVE WAR OR DATES)	220-10-	-1190	Mr. Wilber	t C. Reeves	Keyser		. 26720
	18 CAUSE OF DEATH (Enter	naly and church no	r line for in An	and (ct.)	Λ () 1	Λ	Α		MATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY:	Co	vidio.	- Kesman	m Herres	7	DETWEEN	JINSEI AND DEATH
	IMMEDI	IATE CAUSE (0)			1 0 /	1			
	Conditions, if any, which	DUE TO, O	OR AS A CONSE	OUTNICE OF	ale fromt	some ve			
	gove rise to immediate) (b)-		10/000					
	underlying couse lost.	DUE TO, C	OR AS A CONSE	QUENCE OF	Carcino	ma.		1300	
1	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO.	NDITION GIVE	N IN PART 1	
Z									
CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
E						YES NOTE	IN CERTIFY YES	ING CAUSES	NO []
E. E.	210. ACCIDENT WAS UNDERLYING		OF INJURY	D.W. W. T. D.	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	RT OR PART 2)	
	OR CONTRIBUTING CAUSE OF E	DEATH	.M. MONTH	DAY YEAR					
MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OR T	0	COUNTY	STATE
E	WHILE NOT WHILE	(AT HOME S	TREET FACTORY, OFF	ICE, FARM ETC)	STREET	EIIY OR I	OWN	COONIY	SIAIE
	22a.1 certify that (I) (this has	spital) attended t	he deceased fro	om	. 19	, to		9	that (1) (we) las
	sow the deceased alive	on	1		nd that in (my) (our) apini	on death accurred on the	date and hour	and from the	couses stated
	obove, (I) (we) (did) (did 22b. SIGNATURE	not new the bod	y ofter death.		DEGREE			77C DATE	SIGNED
	(1)	1			M) ATTENDING	MEDICAL ST.	AFF	5/	12/87
1	226. PHYSICIAN'S NAME (TYP	E OR PHINITS				morial Hospi		lical I	Bldg.
	Dr. Qamar Zan	nan				mberland, MD		7	0
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		··-	
	(SPECIFY) Burial	1 5/13	196	Potomeo	Mem. Garde	ns Keyser	M4	neral	W. Va.

BP DHMH, 16 60M 7/84 (VRA 15, 4)

ADDRESS 111 S. Mineral 250 DMAG DBY AC Markwood-McKenzie Funeral Homme Keyser, W.Va.

GISTRAR 25b. REGISTRAR'S SIGNATURE

shite: Aurust 24 1917

USA

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Battle

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Orelit agr. Dept. Store

Stanley

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1375 Terri treet 25725 W. WA. Mireral keyser x

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1375 Terri St.

er. ilbert C. Reeves keyser, V.Va. 20726

5/13/Po Fotomac eer. wardens reyser Istruc 111 S. Mineral 'arkwood- ckennie Poreral Horne keyser, W.Va.

06861	1 -	FOR SCARPI	VIRG: BERLAN	INIA AV	E. DEP 21502	ARTMENT OF I	E OF MARTLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 . NO.	12	184
00001		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH, MO	NTH DAY YEAR	26 HOUR
r deoth			VELLIE		CAY	REITMEI		MAY 10, 198		11:40 AM
	3. SE			4 RACE	2 4	5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DA	
Source	7a. 81	female	OREIGN	WIT.	ite	JTRY? 8.	05-30-1915	70 9 BALTIMORE CITY OR C	OUNTY OF DEATH	
		PA PA		US	5A	MARRIE	D NEVER MARRIED DIVORCED	ALLECAN	Y COUNTY	MD.
Signal Signal	10 CI	TY OR TOWN OF DEA Cumberlar		(IF NOT IN SU	CH FACILITY, GIVE	URSING HOME (STREET ADDRESS) T HOSPIT	OR OTHER INSTITUTION AL.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	ORKING LIFE) INDUST	DOF BUSINESS OR RY WO home
must be		AL RESIDENCE (IF NURS STATE MD	136 COUN AII		13c. CITY OR		13d. INSIDE CITY LIMITS?	13e SIREET ADDRESS / Z 209 2 Union	Street/2	1502
exo (pe	14. FA	THER'S NAME FIRST Mi	.chae1	мория Косау	LAS	ī	15 MOTHER'S MAIDEN N	Josephine (nmn)	LAST
medicol		VAS DECEASED EVER YES, NO OR UNKNOWN)		WED FORCES?		SECURITY NO. 2-2166	Mrs. Norma	ADDRESS J. Clark, Cumb	erland, M	D-daughter
iene prier to buria	CERTIFICATION	PART 2 OTHER SIGN	Veu	Lien	la 1	aulus	NOT RELATED TO THE TEN	RMINAL DISEASE OR CONDIT	Ob. IF YES, WERE FIN CERTIFYING CAUS	DINGS USED
entol Hyg		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA	18		H DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART	2)
rkedor	MEDICAL	21d INJURY OCCURE			OF INJURY FREET, FACTORY O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Dept. of Heal		22a.l certify that (1) saw the decease obove, (1) (we) (c				10 Tee he	DEGREE ATTENDING	noteath accurred an the date	ond haur ond from the	_, that (I) (we) lost the couses stated
with the State IMPORTANT: I		22d. PHYSICIAN'S NA SUSAN SO	CHWART	rz, M.D	a Fee	lipa Cover	PHYSICIAN 22e. APDRESS FRO FRO	STBURG PLAZA, STBURG, MD 21	RTS. 36 8	40
		BURIAL, CREMATION, SPECIFY) Buria		23b. DATE 05-13	3-1986		CEMETERY OR CREMATORY	CITY OR TOWN	nd Alleg	anv MD
16 60M 7/84 A 15, 4)		JNERAL DIRECTOR James F. Sc					25a. D	ATE REC'D. BY REGISTRAN 256		

JATTERSON TRACK CHROCK

PROFITMING PLAZA, NTF. TE \$160

March 14. M. C. William Miles

FOR

STATE OF MARYLAND

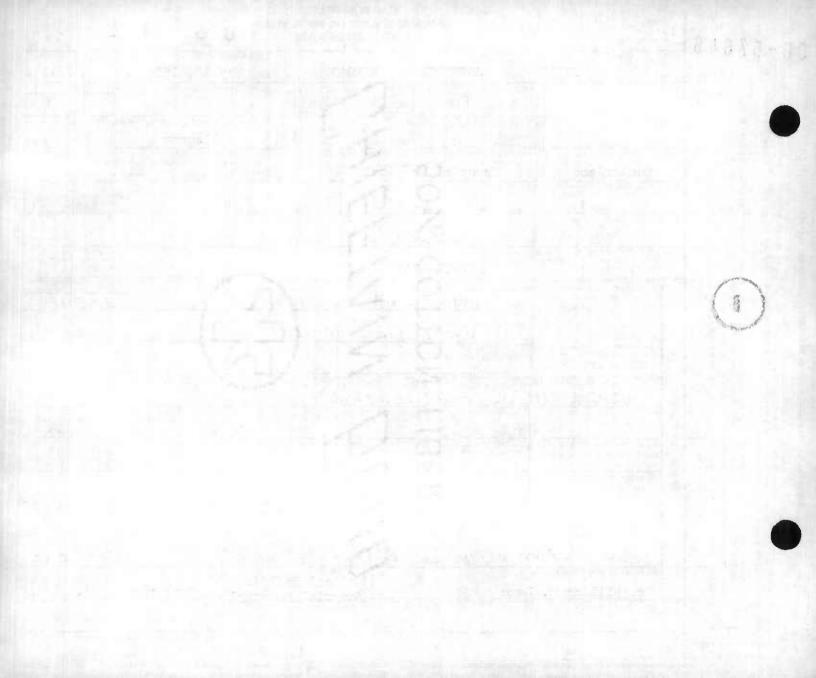
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1	REGISTRAR				CERTIF	FICATE OF DEATH	Ö	REG. NO). 2	las 1	
)			FIRST	,	MIDDLE		LAST	20 DATE OF D	EATH	нтиом	DAY YEAR	2b. HOUR P
	HITPE	E OR PRINT)	EVELYN	J	JOSEPHINE	E R	EXROAD	May	18,	1986		7:45 M
	3 SEX	X	4.	RACE		5. DATE O		6. AGE LIN YEAR	RS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		FEMALE		WHI'			RUARY 2 1930	56		YRS		HOURS MIN.
7		IRTHPLACE (STATE OR FOR	EIGN 7b		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	_		Y OF DEATH	
2	11	MARYLAND		USA		WIDOW		1	.lega			MD.
3	10. C1	Cumberland		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET, A EMORÍAL HO	ADDRESS)	or other institution ${\mathfrak a} 1$	12a USUAL OC (TYPE OF WORK FO HOUSE)	OR MOST OF			OF BUSINESS OR
7		AL RESIDENCE (IF NURSING STATE 13 MARYLAND	HOME OF OT BL COUNTY	1	GIVE RESIDENCE BEFORE 134. CITY OR TOWI	N	13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS /			MBERLAND
A	14 FA	ATHER'S NAME FIRST	AA IT	DDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	WIDDIE		LAS	
		CHESTER	Mile	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLLINS		LILLIAN		WIDDIE	G	REEN	
1		VAS DECEASED EVER IN		D FORCES?	166 SOCIAL SECUI		17 INFORMANT		ADDRE	SS CU	MBERLAN	D MD.
1		NO			217-28-07	44	RICHARD REXRO	AD RFD#	2 W	ILLIA	MS ROAD	
		18 CAUSE OF DEATH	Enter only	ane cause per	line for (a), (b), and	l (C)	0 0				BETWEEN	IMATE INTERVAL ONSET AND DEATH
			MEDIATE		MYOCAT	2016	te RUPTU	WE			24	ours
		Conditions, if ony, w		DUE TO, OI	R AS A CONSEQUE	NCE OF	te INFARC	770N			44	ours
		gave rise to immed cause (a), stating underlying cause	the lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	Z	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	ORCONE	DITION GI	VEN IN PART 110	3
T	CERTIFICATION	19a. DATE OF OPERATIO	ON ON	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOP:	SY?	IN CERTI	S, WERE FINDIN	
	CERI	21a. ACCIDENT WAS UNDER	LYING	21b. TIME O			21c HOW INJURY OCCURR	- 123(
2		OR CONTRIBUTING CAL		HOUR A.	M. MONTH DA	Y YEAR						
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK)	21e. PLACE			21f LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
		22a. I certify that (1) the	polive on	5-18	3 19	5G.	nd that in my (our) apinion of	death occurred	S - I	(8 ite and ho	19_66 or ond from the	tha (We) lost
	I S	22b. SIGNATURE	Var	Mew the body	Ferry	M	DEGREE ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAF PHYSIC	F IAN []	22c. DATE 5/18	SIGNED 6
/		Dr. Willia					Medical Buil		Cu	mberl	Land, Mo	1. 21502
		BURIAL, CREMATION, RE	MOVAL	23b. DATE	23c N	IAME OF C	CEMETERY OR CREMATORY	23d. LOCATI	ION			
	(BURTAL.		MAY 2	2 1986 MT	. HER	MAN CEMETERY	CUMBERI		ALLE	GANY MAI	RVI AND
		UNERAL DIRECTOR			2 2 2001		25a. DAT	E REC'D. BY REC				
	S	ILCOX-MERRI	TT FU	NERAL I	HOME CUMB	ERLAN	ID MARYLAND	66134	2 gu	ha par	idoon-Jon	delle

DHMH - 16 60M 7/B4 (VRA 15, 4)



SOCIETY VIDERITY SOCIETY OF 1915 (Y)

LETTER VIDERITY SOCIETY (Y)

LETTER VILLE 1 27 1915 (Y)

LETTER VILLE X ALLEGANY COUNTY AND ARRIVED THAT THE PITAL COLUMN COLU

HE TARR TERRACE PROSTURES, NO. 01579

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Particular of the self-control of the self-con

	DECEASED NAME TYPE OR PRINT)	JOHN	CAN	. 21502 MUEL RO	OBISON	L CD		MONTH DAY	YEAR	26. HOUR 4:30F
after depth	SEX MALE		RACE WHITE	YUEL RI	S. DATE O	FBIRTH	MAY 16, 1		UNDER 1 YEAR	IF UNDER 24 HE
191-70	BIRTHPLACE (STATE			VHAT COUNTRY?	MARCH 8 MARRIED	18 1922 W NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
40	PENNS OF CUMBER					ROTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND OF	BUSINESS
9	SUAL RESIDENCE (IF	NURSING HOME OR O	THER INSTITUTION, G		RE ADMISSION)		CABINET MAI		ARPENT	ER
25	MD FATHER'S NAME	ALLEGA		CRESAPTO		136 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN N.	136.STREET ADDRESS	ZIP CODE EER ST S	S.W.	000
0/0	ISSAC			OBISON		ANNABELLE	WIDDIE	GROOM	MS LAST	
medico 16	WAS DECEASED E		WAR OR DATES)	220037	OUE	MAY ROBISON	14507 PIONEI		MARYL	AND ESAPTO
å / =				he for Mi (h) an	77	LEIT RODIDON	2	AC OI O	APPROXIM BETWEEN O	
edus remains or emiter or other traces.	Conditions, if gave rise to cause (a), s	IMMEDIATE any, which immediate	DUE TO, OR	AS A CONSEQUE	IS LO	Ma a	ueto as	sove		NSET AND DE
mit. Then plec	Conditions, if gave rise to cause (a), s underlying co	MWAS CAUSED IMMEDIATE any, which immediate toting the ause last	DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR DID TO, OR	AS A CONSEQUENTRIBUTING TO	JENCE OF JENCE OF DEATH BUT I	SMS A NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN 20b. IF YES, W IN CERTIFYIN	IN PART 1 o	GS USED OF DEATH?
Hygiene priar ta burial 18 shews any injury, ar	Conditions, if gove rise to cause 10%, 5 underlying compared to the cause 10% of the cause	H WAS CAUSED IMMEDIATE any, which immediate toting the ause last SIGNIFICANT CO ERATION CAUSE OF DEATH	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (d) DUE TO, OR (e) 196 CONDIT	AS A CONSEQUENTRIBUTING TO	JENCE OF JENCE OF DEATH BUT I	NOT RELATED TO THE TER	minal disease or con	DITION GIVEN 20b. IF YES, W IN CERTIFYIN YES [IN PART 1 0	GS USED
Hygiene prior ta burrol 18 shows any injury, ar	Conditions, if gave rise to cause (a), s underlying compared to the cause (b). So underlying compared to the cause (b) and the cause (c) and the color (c) and the cause (c) and the cause (c) and the cause (c) and the cause (c) a	H WAS CAUSED IMMEDIATE any, which immediate toting the ause last SIGNIFICANT CC ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	BY. CAUSE (a) DUE TO, OR (b) DUE TO, OR IC) DIVIDITIONS COI 196 CONDIT 216. TIME OF HOUR A.M P.M (21e PLACE O	AS A CONSEQUENTRIBUTING TO	JENCE OF JENCE OF DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\square\) NO	DITION GIVEN 20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART	IN PART 1 0	GS USED OF DEATH?
Aental Hygiene prior to burial ar frem 18 shews any injury, ar	Conditions, if gove rise to cause 101, s underlying compared to the cause 101, and cause 101, an	H WAS CAUSED IMMEDIATE any, which immediate toting the ause last SIGNIFICANT CC ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED DI WHILE I WORK It (I) (this haspitalesed alive on	BY. CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DIDE TO, OR (c) DIDE TO, OR (d) DIDE TO, OR (e) DIDE TO, OR (e)	AS A CONSEQUENTRIBUTING TO TON FOR WHICH TINJURY A. MONTH D A. DE INJURY THE FACTORY, OFFICE. deceased from 19	JENCE OF JENCE OF DEATH BUT I H OPERATION DAY YEAR 19 FARM EIC)	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET	MINAL DISEASE OR CON 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO	DITION GIVEN 20b. IF YES, W IN CERTIFYIN YES [RY IN ITEM 18 PART	IN PART TO VERE FIND IN VG CAUSES (TORPART 2) COUNTY	GS USED OF DEATH? NO STATI
t, af Health and Mental Hygiene priar ta burral m 21 is marked ar Item 18 shows any injury, ar	Conditions, if gove rise to cause (0), s underlying co PART 2 OTHER: 19a DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 21d IN JURY OCC WHILE AT WORK 22a. I certify the obove, (1) (W 22b. SIGNATURE	H WAS CAUSED IMMEDIATE any, which immediate toting the ause last SIGNIFICANT CC ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED DI WHILE I WORK It (I) (this haspita teased alive on ce) (did) (did not)	BY. CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DIDE TO, OR (c) DIDE TO, OR 19b CONDIT	AS A CONSEQUENTRIBUTING TO TON FOR WHICH TINJURY A. MONTH D A. DE INJURY THE FACTORY, OFFICE. deceased from 19	JENCE OF JENCE OF DEATH BUT I H OPERATION DAY YEAR 19 FARM ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CON 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART 19, ate and hour ar	IN PART TO VERE FIND IN VG CAUSES (TORPART 2) COUNTY	GS USED OF DEATH? NO STAT hat (h (we)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00 - 07590MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20. DATE KNOWN ANTH LITTE OF PRINTS OF ESTI-Genevieve Sanders Mary DEATH MATED 17 19 86 1958 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD 17 1986 1958 Female 10 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED WIDOWED Allegany

IZE USUAL OCCUPATION (TYPE OF WORK IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS Sacred Heart Hospital IRSING HOME OR OTHER Dr. STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 113e STREET ADDRESS YES [NO [Maryland 8-A Heratice Apts Allegany Cresaptown 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 649417 Metcalf Alvin Catherine Cirillo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! No Lee P. Sanders Cresaptown. Md. 234-48-3162 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardio pulmonary arrest sudden Conditions, if any, which 25 minutes (b) Cardiac arrythemia gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Arteriosclerotic heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. chronic peptic ulcer 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INTURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR FOWN COUNTY AT WORK AT WORK 220 I certify that took charge of the remains described above, held an Autopsy Inspection L3 Inquiry 52 and in my opinion deoth resulted from Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) TO FUNERAL D APPER DEATH 5-17-86 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NÂME TYPE OR PRINT Memorial Hosp, Cumberland Md 21502 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR Burial Keyser Mineral 86 May Potomac Mem. Garden 07/84 25M 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Allen Rotruck Keyser, (VR A15 ME (5))

STATE OF MARYLAND

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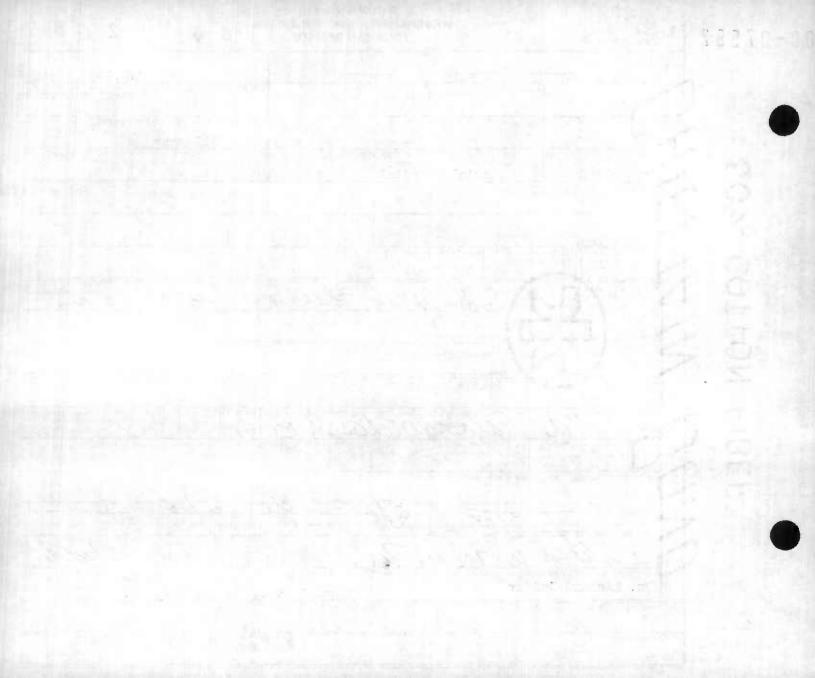
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SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARYLAND

ROCKY GAP VET CEMETERY FLINTSTONE ALLEGANY MARYLAND 24. FUNERAL DIRECTOR

1986

BURIAL



230 Baltimore Ave. Cumberland, MD 21502

(VRA 15, 4)

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John J. Hafer, Jr. LaVale, MD

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STATE OF MARYLAND
1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH 8 REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
JESSIE ELIZABETH SPIEGEL MAY 3 1986 8:00
3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1 IF UNDER 24 H
FEMALE WHITE NOVEMBER 28 1907 78 YRS. MONTHS DAYS HOURS M
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
PENN. USA WIDOWED DIVORCED ALLEGANY
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
CUMBERLAND (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RFD# 9 BOX# 31 BALTIMORE PIKE (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE +
ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 CQUNTY 134 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS 21502
MARYLAND ALLEGANY CUMBERLAND YES NOXX RFD# 9 BOX# 31 BALTIMORE PIK
4 FATHER'S NAME IS MOTHER'S MAIDEN NAME
ALVIN D. DEREMER MINNIE O'NEAL
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
NO 279-01-6441 RICHARD FISHER RFD#9BALTIMORE PIKE COMBERL
18 CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Weeks
Conditions, if any, which (b) Hypertension Years
gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ALM HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)
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OR CONTRIBUTION COUNTY (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY (IA HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK
220.1 certify that (1) (this hospital) attended the deceased from 3 19 86 to May 3 1986 that (1) (we) 1
saw the deceased alive an above, (1) (we) (did) (did nat) view the bady after death.
226. SIGNATURE 2 DEGREE 221. DATE SIGNED
Sineder Starelee ATTENDING MEDICAL STAFF MAY 3 1986
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
Benedict Skitarelic, M.D. R#9, Cumberland, Maryland 21502
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
BURIAL MAY 5 1986 UNION CEMETERY CENTERVILLE BEDFORD PENN.
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 SIGNATURE
SILCOX-MERRITT FUNERAL HOME CUMBERLAND, MARYLAND OF ADOLUTE

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Tenedict Skitzrelic, N.W. 389, Comparison, Margiand 21501

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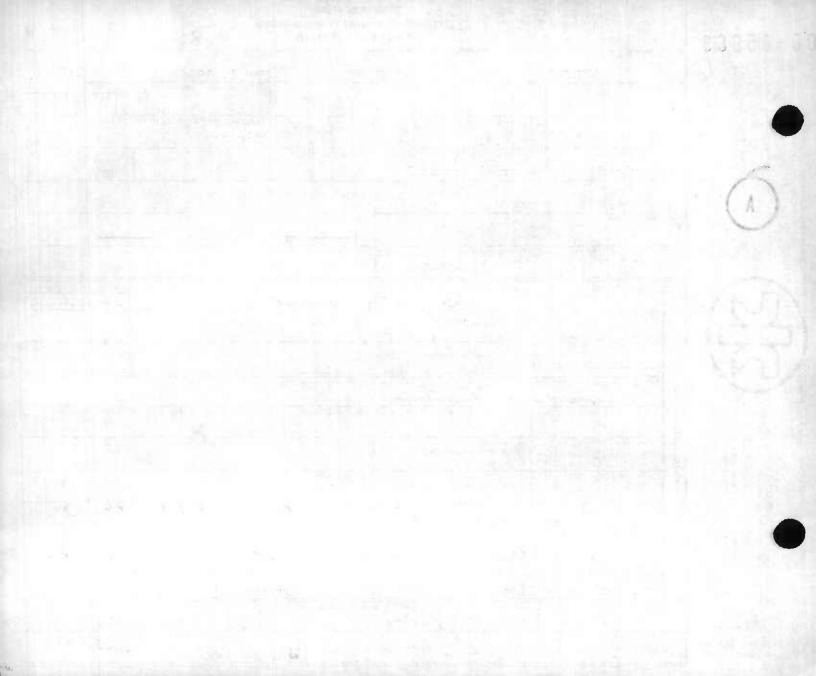
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	1 -	FOR Film STATE REGISTRAR	G615 ite 5/23/86		DEPARTA		EALTH AND MENTAL HYD CICATE OF DEATH	GIENE 8 8	-	2	196
		OR PRINT	FIRST		MIDDLE		AST	20 DATE OF DEATH MO	NIH DAY	YEAR	2b HOUR
0			MELVIN	RAY		STE	WART	May 1, 1986			2:30 AM
	3 SEX	<		4. RACE		5 DATE O		6 AGE (IN YEARS LAST BIRTHD)	MONTH	DER I YEAR	IF UNDER 24 HRS
1	-	ale		White		oct.	30 1903	82	YRS		
B	7a. B1	RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF E	EATH	
2		est Vir		JU.S.A		WIDOW	_	Allegany		- 1	MD.
1		TY OR TOWN O		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	DRKING LIFE) 12	b. KIND O	F BUSINESS OR
4		mberlan		Memoria	l Hospita	al _		Musician			House
B	13a S	AL RESIDENCE II	13b COU		GIVE RESIDENCE BEFORE 113C CITY OR TOW Cumber 1 a	N .	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	St. 2	1502	
1		THER'S NAME					15 MOTHER'S MAIDEN NA				
	C	harles		WIDDLE	Stewart		Henrietts	Josephine	Wash	nock	Batt
1	16a V	AS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS			
/		O OR UNKNOW	(IF YES GI	VE WAR OR DATES)	214-32-30)76	Henriette S	tewart Same	as 13 a	above	
		18 CAUSE OF E	DEATH (Enter of	nly one couse per	line far (a), (b), one	-					MATE INTERVAL ONSET AND DEATH
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	NO O		sura	und	Lemetr	men					
1	CERTIFICATION	19a. DATE OF OI	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WE N CERTIFYING YES		
	CERI	210. ACCIDENT W	AS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		OR PART 2)	
7			CAUSE OF DE	AIR	M. MONTH DA	Y YEAR					
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY		21f LOCATION				
	WE	WHILE AT WORK	AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM ETC)	STREET	CITY OR TOWN		YIMUO	STATE
-2					e deceased from_	-11	19 86			86	that (we) lost
		sow the de	eceosed alive or	of New the bady	after death	86,0	nd that in (my)(our) opinion	death occurred on the date	ond hour and	from the	couses stated
		226. SIGNATUR	- Com	01			DEGREE			22c DATE	
		6	XID	lleni		m	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	40	5-1	1-86
7		22d. PHYSICIAN	I'S NAME (TYPE	OR PRINT)			22e ADDRESS 95	5 Frederick S	treet		
		Dr. An	thony B	ollino			Cui	mberland, MD	21502		
		URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		INTY	STATE
	-		rial	May 4,	1986 U	nity	/Cemetery		Vestmor	-	
4		INERAL DIRECTO	Get	orge-Upc	hurch E H		25a DA	TE REC'D. BY REGISTRAR 256			URE
	We	endy N.	Upchurc	h 202	Greene St	. Cu	imb., MD MA	Y 8 1986	, marrie	100	

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		CEASED NAME	FIRST	MD	MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	2b HC
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rs off		female		whi	ite	MONT	9-27-1907 YEAR	78	YRS	S HOURS
2 hou		RTHPLACE (STATE OF	FOREIGN 7b. CI	ITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
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2 sho	-	THER'S NAME					15. MOTHER'S MAIDEN NA	ME	oraș oraș	
and work		Isaac	Newton S	Shives	EAST .		Fan	nie Shives		LAST
D S S		VAS DECEASED EVEL	R IN U.S. ARMED I	FORCES?	166 SOCIAL SECL		17. INFORMANT	ADDRESS		
Page medi	()	no or unknown)	(IF YES GIVE WAR	OR DATES)	2132235	511	Mrs. Joann B	rown, Cumberl	and, MD-c	daugh
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24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. 21502

May 5, 1986

22d. PHYSICIAN'S NAME [TYPE OR PRINT]

230. BURIAL, CREMATION, REMOVAL 236 DATE

Burial

Jesus H. Tan. M.D.

Archa Davidson

Cumberland

Frostburg, MD

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

22e ADDRESS

Rocky Gap VA Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Heck's Plaza

26. HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

22r DATE SIGNED

21532

STATE

Newspaper

6:07PM

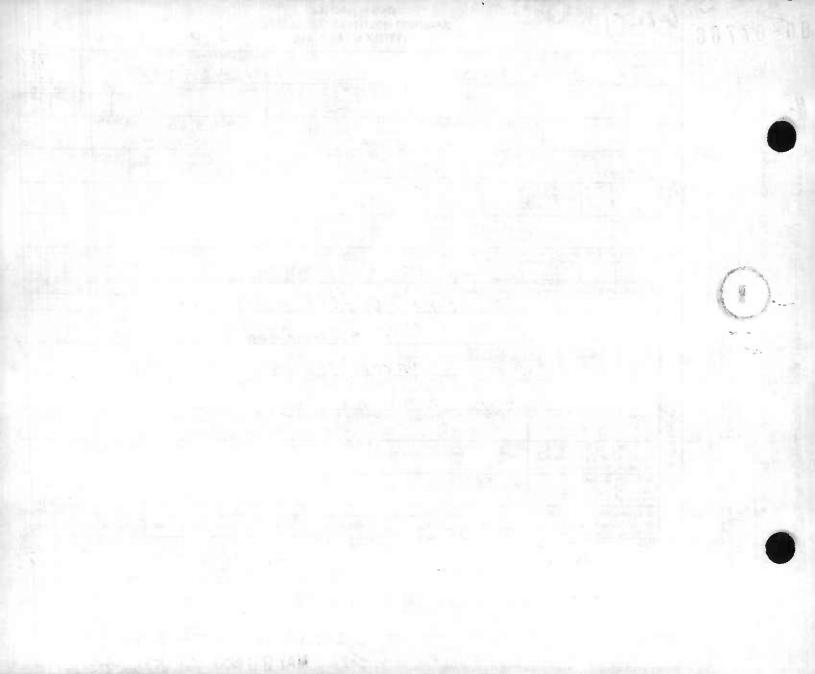
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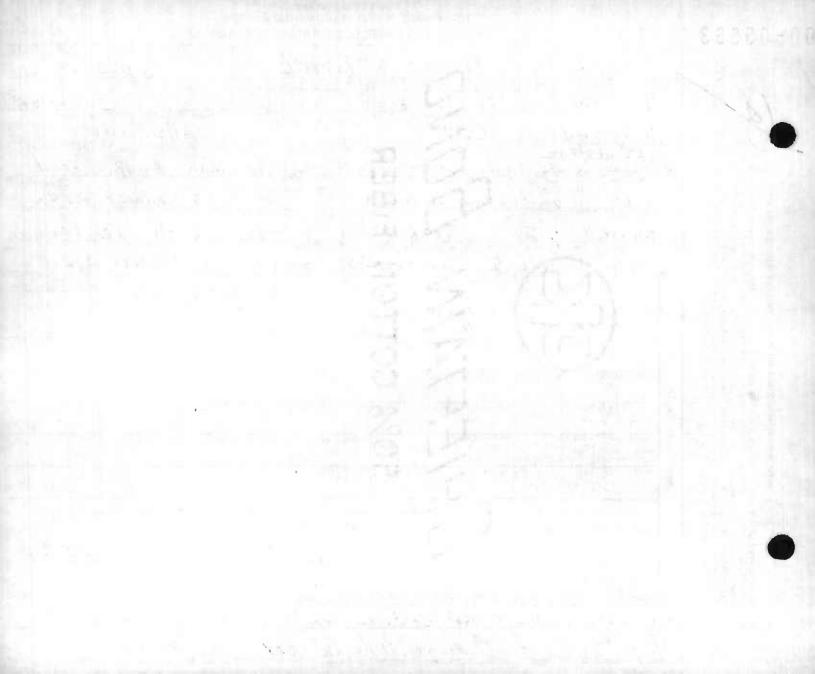
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DHMH-16 25M 24 FUNERAL DIRECTOR ADDRESS ADDRE	F 5 F € 3 ≥ 1	23a	BURIAL, CREMATION, REM					234 LOCATION	2.	ОПИТА	STATE
OHMH-16 25M James F. Scarpelli, Cumberland, MD 21502	DHMH-16 25M	24. F	JNERAL DIRECTOR				25e DATE	E REC'D. BY REGISTRAR			

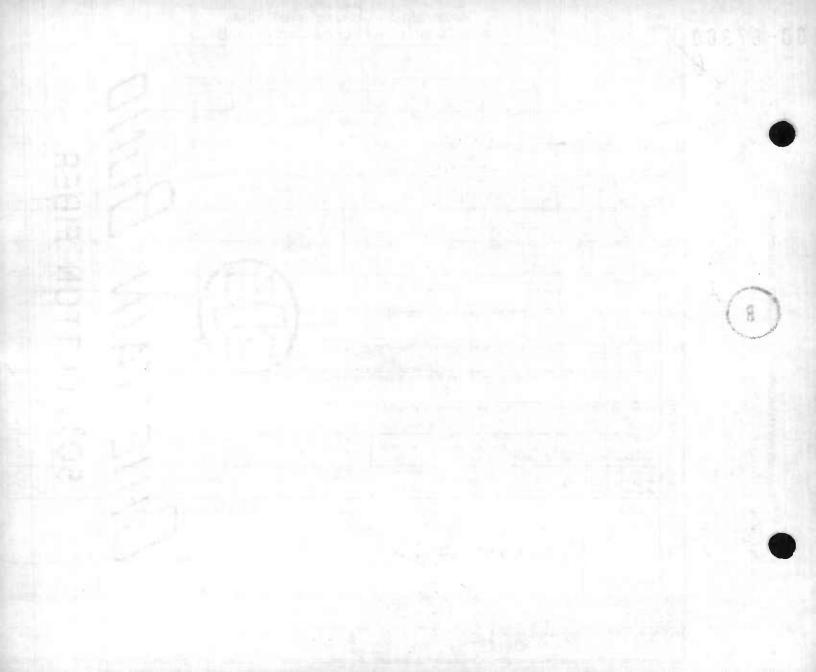


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-05563 CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 1986 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD To BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt. 40 on 15 mile Creek 13d. INSIDE CITY LIMITS? 13e. STREET 15 MOTHER'S MAIDEN NAME IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. Conditions, if ony, which TISSUP. gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? USED OF HE 20 AUTOPSY? RWARDED TO THE CH R: PAGE 3 SHOULD BE U STATE DEPARTMENT O YES NO [8 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN STATE COUNTY WHILE D NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Accident death resulted from Notural causes Hamicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 07/84 BP. 25M 24. FUNERAL DIRECTOR ma wendoon-number DHMH - 17 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 26 HOUR DAY 7 DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. AIN PAGE 5 FOR YOUR FILES. 10 BE FILLS. PHON STRAET. MARY IRENE TURLEY DEATH MATED X 5 16 , 86 6:A 4 RACE DATE OF BIRTH DATE PRONOUNCED ,86 16 White DEAD 5. Female 0ct 1907 78 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. Allegany WIDOWED X DIVORCED USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY LaVale Campground Road Homemaker Home 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? LaVale Allegany Campground Road / 21502 Maryland YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME IDA PILE CEDORA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 105 Downing Street IYES NO OR UNKNOWN Shirley Fuller Cumberland, Md. 213-40-2755 Mo 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL.
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STATE OF MARYLAND



08630		1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 6 1 2 8 0 4										
			EASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DE		TH DAY	YEAR	2b. HOUR
may be page 3		TITPE	OR PRINT)	JAME	ES	ELRENO	VA	N			05	29	86	1045 H
		3. SE)		4	RACE		S. DATE C		YEAR	& AGE IN YEARS L	AST BIRTHDAY	() IF U	NDER I YEAR	IF UNDER 24 HRS
rector, rs afte			MALE		CAUSC.		09					YRS.	INS DATS	HOURS MIN
funeral dir in 72 hou	7	76 BIRTHPLACE (STATE ORFOREGON COUNTRY) Washington, D.C. 10 CITY OR TOWN OF DEATH CUMBERLAND			JE CITIZEN OF WHAT COUNTRY?		MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED			Allegany M			
ed within	0				11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MEMORIAL HOSPITAL			OTHER INSTITUTION		12th USUAL OCCUPATION 17th of work for most of working life) 12th KIND OF INDUSTRY			BUSINESS OR Ce Dept	
filled in	3	13a. S	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN AL		OTHER INSTITUTION, GIVE RESIDENCE REFORE ITY 13c. CITY OR TOWN LEG CUMBE		FORE ADMISSION) OWN BERLAND	ADMISSION) N 13d. INSIDE CITY LIMITS? RLAND YES (\$\frac{1}{2}\) NO [134. STREET ADDRESS 913 HILL TOP D			DR CUMB MD 2150	
0	1/	14 FA	THER'S NAME FIRST Jami	es H.	Van			15. MOTHER'S	Anna R. H		ns	ŁAS	ı	
Para nd co	1		AS DECEASED EVER es, no or unknown)	IN U.S. ARMI (IF YES, GIVE W		220-44		17 INFORMA		IAL HOSP	ITAL	MEMOR	IAL A	VENUE
s been signed by the att lit. Then please remove prior to burial, crematic ws any injury, or other		MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED											
ificate has b nsit permit. Hygiene pri										YES NO		YES [OF DEATH?
tra tral	9		218 ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH			DAY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE)	OF INJURY IN	ITEM 18, PART 1	OR PART 2)	
After this c s the burial th and Men marked or			214. INJURY OCCURR	RED HILE [7]	21e PLACE			211 LOCATION STREET	ON	city	OR TOWN	(COUNTY	STATE
ECTOR: for use a of Heal			220.1 certify that (1) saw the decease abave, (1) (we) (d	ed alive an_	Willey.	29	0		(aur) apinian d	death accurred an	the date o	nd haur and		that (I) (we) las causes stated
RAL DIRI detached f tate Dept.			226. SIGNATURE	le o	Ja				MEDICAL STAFF DIRECTOR PHYSICIAN			221. DATE SIGNED 5/29/86		
TO FUNERAL I should be detacl with the State E			Dr. W11	liam I				22e ADDRES	441 N	Centre rland, M	0 215			
F 8 3		23a. B	URIAL, CREMATION,	REMOVAL	236 DATE		31 NAME OF C		CREMATORY	23d. LOCATION	7	cou	INTY	STATE
			Burial		06-02	2-1986	Hiller	est Bur	rial Par		rlan	d A1	Llegar	W MD
HMH-16 25		24 FL	NERAL DIRECTOR			ADDRESS			JUN	60 TES	TRAR 255	REGISTRAR	SSIGNAT	URE
(VRA 15, 4) 1/	/79		James F. S	Scarpe	lli. Cu	umberla	nd. MD :	21502	-	A	0			

230 baltimore Ave. Cumberland, MD

(VRA 15, 4)

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	FOR	tem ga+C		DEPARTMEN	STATE OF	H AND MI	ND ENTALH	VGIENE					
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0-00133	I. DECEASED	NAME FIRST	Y Clair	MIDDLE		LAST			K	EG. NO.	ITH DAY	YEAR	26, HOUR
Bank 2	TYPE OR PRINT	Branc	dy Ly	nn	1/4	hite			OF EST	1	1 211	19 86	
A SHORE	1.5EX	1. RACE	5. DATE OF BIRTH	6 A	SE (IN YEARS IF L	INDER 1 YR.	IF UNDER 2	24 HRS 2c.	DATE	MON	TH DAY	YEAR	74 HOUR
NASER -	Female	White	8 22 19	81 YEAR I	ST BIRTHDAY) MOI	NTHS DAYS	HOURS	MIN PRO	DEAD	5	1 241	19 86	P M
WAS SELECT	7a BIRTHPLAC		76. CITIZEN OF WI	HAT COUNTRY?	8. MAR	RIED NE	VER MARRIE	D Y 9 E	BALTIMORE	CITY OR COL			
高品できま	Maryla	_	usa		WIDO	_	DIVORCE		Allega	ny Cou	inty,		MD
SHEET STREET	10 CITY OR TO	OWN OF DEATH	NAME OF HOS	SPITAL, NURSING		HER INSTITU	TION	12a USUAL		N (TYPE OF WO	RK 126 KIN	INDUSTRY	SINESS
2029		mberland	The Me	emorial	Hospita	1		none	9				
2 202002	130 STATE	ENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GE NTY	13c. CITY OR T	E ADMISSION) OWN	13d INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS				
# XXXXX	Maryla		tt	Swanto	n	YES 🗌	NO -	Rt.	2	2156	1		
H-X0X///	FATHER'S FIRST	NAME	MIDDLE	LAST		15. MOTHE	ER'S MAIDEN	NAME	WIDDLE		Į.	LAST	
S AFTER DEA GIVE PAGES TITH FORM P PAGES TAN WISHON OF	Rich	EASED EVER IN U.S. AR	W	nite	ECHIPITY NO	I7. INFORA	onna		A.D.	DRESS	haw		
PAR	(YES, NO, OR	UNKNOWN) (IF YES, GIVE	WAR OR DATES)	166. SOCIAL S	ECURITY NO.			othw b		Rt. 1 V	Jester	ייחתמי	+ Ma
BE GIV	In cu	no				11110	. DOL	0011	1111 00 1			PROXIMATE I	
MAT WELL	PAF	USE OF DEATH (Enter or RT I DEATH WAS CAUSE	D DV			- I TY) m		6 F		BETWI	EEN ONSET	
ON THE NORTH NAME OF THE NAME		IMMEDIA	TE CAUSE (o) MU	AS A CONSEQU		S to He	ead, 1	orso	& EXTY	emitie	S		
WITHIN 2 VICH IN 17 INER ALC RANSIT F TAL HYG R REMOV	Co	nditions, if ony, which		AS A CONSEQU	DENCE OF								
W. W. WITH WITH WE WITH WE WE WITH WE WE WITH WE	go	ve rise to immediate use (a) stating the under	(b)	AS A CONSEQU	IENICE OF								77
		ng couse lost.		AS A CONSEQU	DENCE OF								
LD BE EXECUTED BY A SHIP IN CALL BY A SHIP IN CA	PART 2 0	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO	THE TERMINAL DISE	SE OR CONDITION	N CIVEN IN DAR	T. Luci					
SEA SEA					THE TERMINAL GISE	THE OR CONDITION	N OIVEN IN LAKI	1110					
THE THE	19s. DA	TE OF OPERATION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFOR	MED?				20. Al	UTOPSY?	
WORD " WORD IN TOF IT	IFF		- 100								Y	ESXX	NO 🗆
RWARDED TO THE CHIEF MEDICAL EX PAGE 3 SHOULD BE USED AS A BLIRIAL STATE DEPARTMENT OF HEALTH AND 7, 21201 PRIOR TO BURIAL, CREMATION		TERNAL CAUSE WAS	21b. TIME OF	INJURY	VEAD 21c.	HOW INJURY	OCCURRED	(ENTER NATU	JRE OF INJURY IN	ITEM 18 PART 1 OF		1227	
SATO STATO	S UNDER	LYING OR IBUTING CAUSE OF			/19 86	subjec	ct bea	ten					
3 SF	CONTR 21d INJ WHILE	URY OCCURRED	21e PLACE C			OCATION STREET			TY OR TOWN	(-1.7	COUNTY		STATE
AGE 1201	AT WO	RK NOT WHILE	Ø .	home	Rt	. 135.	Garre			Md.	COGNIT		STATE
OR: P.	220.	I certify that I taak char	ge of the mains des		eld on Auto	psy X.	Inspection		Inquiry .	ond in my	opinion		
A DIAN			rol cours .	Accident	Suicide [ide XX		ined manner				
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2			DON			TITLE (SI							
프 사 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시	ACTUA SIGNA		1/1	/	100	,		MEDICA	L EXAMINER	DA	TE 5	/31/8	86
NER ANDEA	EVALUE	IEDIC NAME	0	V	metric de				2377 0 7777 1617	310			
TER E		PRINT) Gre	egory R. K	Kauffman	M.D.	_ADDRESS	1	11 Pe	nn St.				
A A B A B A B A B A B A B A B A B A B A	23a. BURIAL, CI	REMATION, REMOVAL	23b. DATE	23c. NAME	OF CEMETERY	OR CREMATO	ORY	23d. LOCA	TION	C	OUNTY	STA	TE
			6/3/06	Bloo	mington			BLOOM	ington	farre	tt Ma	ryla	
- 17	24. FUNERAL	wayne	Bralows	10	. 37.3		250. DATE RE			REGISTRAR		JRE	
ME (5))	Boals	runeral S	ervice Wes	ternpor	t, Md.	21562	0014	6 18	100 Ju	ha David	Jan-Man	Mesor	

Howard water and the state of t

only super all tervice wentermport, Md. 21562

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	
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FOR STATE REGISTRAR			T OF HEALTH AND MENTAL HERTIFICATE OF DEATH	8 6 REG. NO.	128	3 0 2
1. DECEASED NAME (TYPE OR PRINT) B	LAINE	MIDDLE E	WILEY	May 3, 198	DNTH DAY YEAR	26 HOUR 0836a.
3. SEX	4. RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	MONTHS DATE	IF UNDER 24 HRS
Male	White	3	-11-1915	71	YRS	MODES MIN.
IN HETHPLACE (STATEOR)	FOREIGN 76 CITIZEN C	F WHAT COUNTRY? 8	ARRIED INEVERMARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Maryland	US	w P	IDOWED DIVORCED [□ Allegany C	ounty,	м
Cumberland	Memor	taichospitai	OME OR OTHER INSTITUTION ESSI Med Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		F BUSINESS O
Maryland	ing home or other institution is the county Garrett	131. CITY OR TOWN Grantsvill	e 13d. INSIDE CITY LIMITS	Rt. 1 (P.O.	Box 172)	21536
14 FATHER'S NAME FIRST Harvey	WIDDIE	Wilev	15. MOTHER'S MAIDEN FIRST EVA	NAME	Snyder	1
160 WAS DECEASED EVER		? 166 SOCIAL SECURITY		P.O. Box ADP 7-2		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	159-14-856	60 Cora Wiley	, Grantsville,		
	VIFICANT CONDITIONS	is ME	TH BUT NOT RELATED TO THE TE			
19a. DATE OF OPERA	TION 196. CON	DITION FOR WHICH OPE	RATION WAS PERFORMED		OB. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CAL EXAMINER)	OF INJURY A.M. MONTH DAY P.M.	YEAR 19	URRED (ENTER NATURE OF INJURY	NITEM 18 PART I OR PART ?)	
21d. INJURY OCCURE WHILE AT WORK INDIAN AT WO	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, FARM.	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a I certify that (I)	this hospital attended for an analysis of the ball and not view the ball	3/86	, and that in my (aur) apini	on death accurred on the date	and hour and from the c	
YJA PHYSIQIANIS NA	www	Ihm		DIRECTOR PHYSICIA	NO 57	7/88
Dr. James	s Raver		Cumberla	l Hospital and and MD 21502	Medica4 Ce	ncer
23a BURIAL, CREMATION, Burial	REMOVAL 23b. DATE 5-6		e of cemetery or cremator Grove Cemetery	CITY OR TOWN	e, Garrett,	MD STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health etoined by the hospital

os the buriol-tronsit permit. Then please remove cith and Mental Hygiene prior to buriol, cremation,

marked or Item 18 shows

IMPORTANT: If Item 21 is

24 FUNERALDIRECTOR

TENDING PHYSICIAN: The low

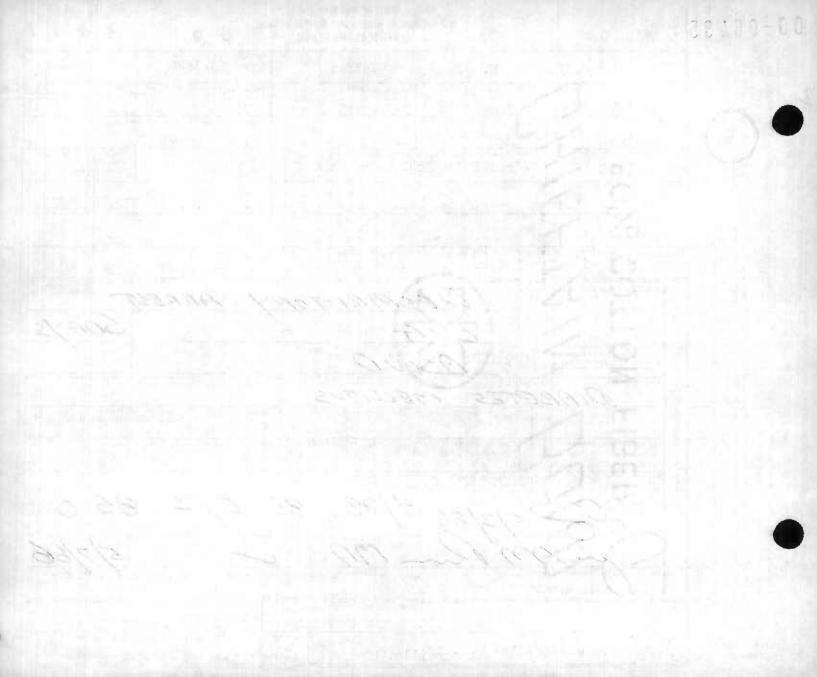
TO HOSPITAL

BP.

(VRA 15, 4)

Grantsville, MD

Grantsville, Garrett, MD 25g. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1	FOR ICHORN STATE MAIN	FUNERA STREE	AL HOM	IE DEP	ARTMENT OF	E OF MARYLAN	ENTAL HYGIE	NE .		2 2	n o
06924		REGISTRAR LON	VACONII	NG, MD	. 21539		ICATE OF DE		8 RP		40	0
m = 10		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
death death	3. SE	v	LO	IS 4 RACE	HOWEL	_	IKLER OF BIRTH	- (MAY 13,1		IF UNDER 1 YEAR	5:35A
910		emale		Whit	ce	Nov	3, 0.19	38 ^{AR}	47	YRS	MONIHS DAYS	HOURS MIN
35		RTHPLACE (STATE OR	FOREIGN		JSA	MARRII WIDOW	D NEVER MA	ARRIED 9	BALTIMORE CITY ALLEGAN			
1000		umberlan		(IF NOT IN	SUCH FACILITY, GIVE		OR OTHER INSTIT		o usual occupa			sh Sch
Alled in	13 ₀ \$	AL RESIDENCE (IF NUR	ATTE	gany		before admission	13d. INSIDE CIT	Y LIMITS?	3. STREET ADDRESS	one eo	hing, M	6kvill
And All		THER'S NAME FIRST	A	MIDDLE	Howe'	11	Vern		WIDDIE	00	Click	
Puger /		VAS DECEASED EVER		MED FORCES WAR OR DATES		SECURITY NO. 69537	Mr.Ear	l Roos	stie Win	kler,	Rockvi: Lonaco	ning,
864		PART I. DEATH V	TH (Enter anl	y ane cause j				1 2 0			APPROXI BETWEEN C	MATE INTERVAL
to been signed or the file of	FICATION	PART 2 OTHER SIG	nchi	al Ce	smilto	- H4	DEATH BUT NOT RELATED TO THE TER HEADTH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES		VEN IN PART 110 S, WERE FINDINGS USED IFYING CAUSES OF DEATH?	
	CERTIF	710. ACCIDENT WAS UN	IDEDIVING C	215 71445	E OF INJURY		121- HOW/NIII	UBY OCCUPE	YES NOT		ES 🗌	NO 🗌
O service	107.5	OR CONTRIBUTING [CAUSE OF DEA	TH HOUR		H DAY YEAR	ZIC HOW INJ	OKT OCCURRE	D (ENTER NATURE OF IN.	UKY IN ITEM 18	PART I OR PART 2)	
the this c the burn hand Me	MEDICAL	214 INJURY OCCUR		21e PLAC	STREET, FACTORY O	DEFICE, FARM, ETC.)	21f LOCATION	N	CITY OR	OWN	COUNTY	STATE
CTOR: Al For view of Health		220. I certify that (1 saw the decease abave, (1) (we) (sed alive an.	5-	3	01	nd that in (my) (c	., 19 <u>86</u> aur) apınian de	to 5 ath accurred an the	date and ha		hat (I) (we) la causes stated
RAL DIRE detached state Dept		III. SIGNATURE	mil	les	D	mD		HYSICIAN X	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	5 /1	1 - 1
O FUNERA hould be di who have		BRUCE	BEHOU		D.		912 SE		VE CUMBER	LAND,	MD. 215	02
25331	23u 8	Buria		_		1 22. NIAME OF						
P		Dar La	1.1.	5-16-	-86	rostbu	emetery or cr	.Park			legany	Md STATE

ELCHON CAMENA SYCH JANEAU JOHN SE The desired in stars 13010-00 The description of the descripti YELLOW WAREIN SAURED HEART HOSPITAL TESCHET, VELLEY IN THE allerany seneconing the service to be being config, 08. Movell Vernu Aller Inches sizesses, de. erl doortie sinkler, Concening. urtal 5-16-36 Prostburg Feyllark Prostant Lierany ad London guaral dome, oplacoping, Md. | Though a control

00-07490

STATE OF MARYLAND

T - STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE 8 6	۷٥.	2	8 1 0
1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	R 2h HOUR
(TYPE OR PRINT) Fanni	e	S.	W	olfe		05	17 8	6 6:40
3 SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 Y	
Female	Whi	te	Feb.		91	YRS		AYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	1
MD	US.	A	WIDOW		Allegan	y		M
Cumberland	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	ng Home	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING	LIFE) INDUST	ID OF BUSINESS OF
MD All	OTHER INSTITUTION UNITY STANY	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumber1	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 229 Balt			., 21502
4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME			LAST
Benjamin		Snyder		Susan			McCatl	ay
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-22-		Thomas Cre	owfis, Cu		land,	MD
gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	PRAS A CONSEQUE	ENCE OF					
PART 2. OTHER SIGNIFICAN	CONDITIONS C	entributing to a	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION	GIVEN IN PAR	Tho
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NDINGS USED ISES OF DEATH? NO
00.00.00.00.00.00	DEATH	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	ury in item I	IB PART I OR PART	2)
OR CONTRIBUTING CAUSE OF CAUSE		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
22a.l certify that (l) (this has saw the deceased alive abave, (l) (we) (did) (did	on 5-1	19 8	56,0	nd that in (my) (aur) apinion	death occurred on the	date and h	. 19 and from	that (I) (we) lo
22h. SIGNATURE	fithan				MEDICAL ST.	AFF ICIAN []	22c. D.	ATE SIGNED
22d. PHYSICIAN'S NAME (T	OR PRINT)			22e. ADDRESS				
V. A. Ranjit	han, M.	D.		Lions Manor	, Seton Dr.	, Cum	berlan	d, MD2150

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial
24. FUNERAL DIRECTOR

v Cumberland Allegary MD 23c. NAME OF CEMETERY OR CREMATORY Cemetery

William G. Kight

ADDRESS

REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

emale thite Feb. 12, 1895 91

LUD USA XX

Cumberland Lions Lanor Mursing Home Housewife Con Home

HU Allogany Cumberland XX 229 Baltimore Ave., 21502

Benjamin Snyder Susan HeCathy

Thomas Crowfis, Cumberland, 100

		CEASED NAME FIRST		WIDDLE	LAST		20. DATE OF DEATH	MONTH DA	YEAR 2	h HOUR
10	,,,,,	KARL	HERM	IAN ZI	EGLER		MAY 25,198		2	:50P
	3. SE		4 RACE		5. DATE OF BIRTH	o «YEAROS	6. AGE (IN YEARS LAST BIR		NINS DATS	HOURS
1	1	Male	Whit		April 1			YRS		
3	Ja B	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	MARRIED MEVE	R MARRIED DIVORCED	9. BALTIMORE CITY C			
1	1	tumberland		HOSPITAL, NURSING		NSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire	ION OF WORKING LIFE)	126. KIND OF INDUSTRY Lumb	
15	TISU 13a.	AL RESIDENCE (IF NURSING HOME) STATE PA So		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Meyerso	1 13d INSID	E CITY LIMITS?	13. STREET ADDRESS Route 3	/ ZIP CODE BOX	65A/1	5545
251	KE 2	ATHER'S NAME	WIDDIE	LAST	15 MOTH	ER'S MAIDEN N			Meyer	
4	160 \	John H VAS DECEASED EVER IN U.S.	enry ARMED FORCES?	Ziegle		MANT	ADDR	ESS	neyer	5
2			GIVE WAR OR DATES)	21407305			egler - s	ame as	abov	е
1		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	r line Mal the and	NEW TOTAL	^	- 12 -		APPROXIMA BETWEEN ON	ATE INTERV
-			IATE CAUSE (ol	(and)	ac a	17/200	-			
y, ar ath		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBIT OF TO D	EATH BUT NOT RELA	TED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 11a	
injur	NO			0						
and Swood	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH (PERATION WAS PER	RFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	land transfer to	OF INJURY M. MONTH DA	YEAR 21c. HOW	INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT I OR PART 2)	
MEDICAL C	ICAL	(IF EITHER NOTIFY MEDICAL EXAM	NER) P	.M.	19					
	WED	21d INJURY OCCURRED		OF INJURY	211 LOCA STEELED	ATION REET	CITY OR TO	NWC	COUNTY	ST
	-	AT WORK AT WORK			an	- 0	1 Me	176	21	
			spitel Diggs deal 1		My	190	2. to //wy	105.18	20_ th	at (I) by
is morked or I			11100					see and have	and from the co	uses sta
		saw the deceased alive abave, (I) (ye) did (did	nat) view the lady	y ofter death.	, and that in (r	ny) (our) opiniai	death occurred an the d	idle olid noor e		
		27b. I certify that (1) (this ho saw the deconsed glive abave, (1) (ye) (did) (did 27b. SIGNATORE	o nat) view the body	y ofter death.	DEGREE	_			22c. DATE SI	
I: If Item 21 is morked or		saw the deceased alive abave, (I) (ye) did (did	o nat) view the body	y offer death.		_	MEDICAL STA			
		saw the deconsectative above, (I) (ye) did (did 77b, SIGNAJORE 22d PHYSICIAN'S NAME (1V	Lyun	y ofter death.	DEGREE DEGREE 220. ADDI	PHYSICIAN RESS	MEDICAL STA	FF CIAN []	May	GNED
/		saw the decoased glive abave, (I) (ye) did (did 22b. SJONAJORE	Lyun	y ofter death.	DEGREE DEGREE 220. ADDI	PHYSICIAN RESS		FF CIAN []	May	GNED
7	23a (saw the deconsectative above, (I) (ye) did did did 27b. SIPSTATORE 17V CHANG OH, SURIAL, CREMATION, REMOV	M.D. AL 236 DATE	n Sh.	DEGREE 220. ADDI 48 AME OF CEMETERY C	PATTENDING PHYSICIAN RESS TARN TE	MEDICAL STA	FF CIAN []	May	GNED
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John J. Heffer, Jr. LaVele, Miller . MAN co Miller